

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

5/1/

05-01-2003 90812 038 \*\*\*150.00

**DOCUMENT # 415600**

1. Entity Name  
**MARATHON ROOFING COMPANY, INC.**



Principal Place of Business  
**10730 4TH AVENUE GULF  
MARATHON FL 33060  
US**

Mailing Address  
**PO BOX 522737  
MARATHON FL 33052**

**55044409**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1427980**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PHYSICAL~~ ~~1760-109TH ST GULF~~  
**BURNS, JOHN**  
~~1760 109TH ST, GULF~~ **PO BOX 522737**  
~~MARATHON FL 33060~~ **MARATHON SHORES**  
**MAILING FL 33052**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BURNS, JOHN</b>	
STREET ADDRESS	<b>1760 109TH ST</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BURNS, JAYNE</b>	
STREET ADDRESS	<b>1760 109TH ST</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>MAILING ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PO BOX 522737</b>	
STREET ADDRESS	<b>MARATHON SHORES FL 33052</b>	
CITY-ST-ZIP	<b>PO BOX 522737</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>MARATHON SHORES FL 33052</b>	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jayne Burns** **JOYNE BURNS**

**4/27/03**

**305-743-6005**

CR2E034 (10/02)