2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2003 8:00 am Secretary of State

DOCUMENT # 687979 1. Entity Name MARATHON '80 UNLIMITED, INC.					05-12-2003 9	90208 047 ***	*150.00	
Principal Place of 9906 KILGORE RO ORLANDO FL 3283	DAD	Mailing Address 9906 KILGORE ROAD ORLANDO FL 32836					1024 1141 1141	
2. Principal Place	e of Business	3. Mailing Address			T (A DAILE BAILE) (BAIL ADOLD SOIM 19 DAO (A	Y BIRIY QIBIL BYEH BIRI	i Birii riail iari	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	FE! Number 59-2042839	↓ —	Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 A	additional ired	
	6. Name and Address of Current F	Registered Agent		· - 7:	Name and Address of New Regis			
			Na	me				
HENRIQUEZ, DEBRA F 9906 KILGORE ROAD			Str	eet Address (P.O.	ss (P.O. Box Number is Not Acceptable)			
ORLANDO FL	. 32836							
]			City	′		FL Zip Co	ode	
	ned entity submits this statement for of registered agent.	the purpose of changing its	registered offi	ce or registered a	gent, or both, in the State of Florida	a. 1 am familiar witi	h, and accept	
SIGNATURE	abure, typed or printed name of registered agent as	nd title it senticable (NOT)	E: Beninsered Anset	signature required when i	ainetition)	DATE		
		TO DE CAPPELLOS. (NOT	c. negisteret Agent	e-Aritha sadhsan minis	Gurara(IIIĈ)	DAIE	t	
		ł			T			
. After Ma	NOW!!! FEE IS \$150.00 by 1, 2003 Fee will be \$550.00 by able to Florida Department of	State			Election Campaign Finance Trust Fund Contribution.		.00 May Be ed to Fees	
. After Ma	ay 1, 2003 Fee will be \$550.00 yable to Florida Department of		11.	Al		□ Add	ed to Fees	
After Ma Make Check Par 10, TITLE P KAME HE	ay 1, 2003 Fee will be \$550.00 syable to Florida Department of OFFICERS AND D NRIQUEZ, IVOR		TITLE NAME		Trust Fund Contribution.	□ Add	RS IN 11	
After Ma Make Check Par 10. TITLE P NAME HE STREET ADDRESS 990	ay 1, 2003 Fee will be \$550.00 ryable to Florida Department of OFFICERS AND D	DIRECTORS	TITLE		Trust Fund Contribution.	Add	RS IN 11	
After Ma -Make Check Par 10. TITLE P	ay 1, 2003 Fee will be \$550.00 nyable to Fiorida Department of OFFICERS AND E ENRIQUEZ, IVOR 06 KILGORE ROAD ALANDO, FL 00000	DIRECTORS	TITLE NAME STREET ADDR		Trust Fund Contribution.	Add	RS IN 11 Addition (20,00)	
After Ma -Make Check Par 10. TITLE PHE STREET ADDRESS 990 TITLE VP NAME HEI STREET PORESS 990	ay 1, 2003 Fee will be \$550.00 ryable to Fiorida Department of OFFICERS AND E ENRIQUEZ, IVOR 06 KILGORE ROAD ALANDO, FL 00000 INRIQUEZ, DEBRA 06 KILGORE ROAD	DIRECTORS Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	Trust Fund Contribution.	Add	RS IN 11	
After Ma Make Check Par 10. TITLE VAME STREET ADDRESS CITY-ST-ZIP NAME STREET PORESS CITY-ST-ZIP OR TITLE STREET PORESS CITY-ST-ZIP OR	ay 1, 2003 Fee will be \$550.00 hyable to Florida Department of OFFICERS AND ENRIQUEZ, IVOR 06 KILGORE ROAD ALANDO, FL 00000 NILANDO, FL 00000 LANDO, FL 00000	DIRECTORS Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE TITLE	ESS	Trust Fund Contribution.	Add	RS IN 11	
After Ma Make Check Par 10. TITLE VAME STREET ADDRESS CITY-ST-ZIP NAME STREET PORESS CITY-ST-ZIP OR TITLE NAME STREET PORESS	ay 1, 2003 Fee will be \$550.00 ryable to Florida Department of OFFICERS AND E ENRIQUEZ, IVOR 06 KILGORE ROAD RIANDO, FL 00000 NRIQUEZ, DEBRA 06 KILGORE ROAD RIANDO, FL 00000	DIRECTORS Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	Trust Fund Contribution.	Add	RS IN 11 Addition Addition Addition	
After Ma -Make Check Par 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET PARESS OR TITLE STREET ADDRESS CITY-ST-ZIP OR TITLE STREET ADDRESS CITY-ST-ZIP OR HILE HILE HILE HILE OR	ay 1, 2003 Fee will be \$550.00 nyable to Fiorida Department of OFFICERS AND E ENRIQUEZ, IVOR 06 KILGORE ROAD RIANDO, FL 00000 NRIQUEZ, DEBRA 08 KILGORE ROAD RIANDO, FL 00000 NRIQUEZ, DEBRA	DIRECTORS Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE TITLE TITLE TITLE	ESS	Trust Fund Contribution.	Add	RS IN 11 Addition Addition Addition	
After Ma Make Check Par 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET PORESS CITY-ST-ZIP OR TITLE STREET ADDRESS CITY-ST-ZIP OR OR OR	ay 1, 2003 Fee will be \$550.00 ryable to Florida Department of OFFICERS AND E ENRIQUEZ, IVOR 06 KILGORE ROAD RIANDO, FL 00000 NRIQUEZ, DEBRA 06 KILGORE ROAD RIANDO, FL 00000	DIRECTORS Delete Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP	ESS ESS	Trust Fund Contribution.	Add RS AND DIRECTO Change Change	ed to Fees RS IN 11 Addition Addition Addition	
After Ma -Make Check Par 10. TITLE	ay 1, 2003 Fee will be \$550.00 ryable to Florida Department of OFFICERS AND E ENRIQUEZ, IVOR 06 KILGORE ROAD RIANDO, FL 00000 NRIQUEZ, DEBRA 06 KILGORE ROAD RIANDO, FL 00000	DIRECTORS Delete Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS ESS	Trust Fund Contribution.	Add RS AND DIRECTO Change Change	ed to Fees RS IN 11 Addition Addition Addition	
After Ma Make Check Par 10. TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET PORESS CITY-ST-ZIP OR TITLE STREET ADDRESS CITY-ST-ZIP OR TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ay 1, 2003 Fee will be \$550.00 ryable to Florida Department of OFFICERS AND E ENRIQUEZ, IVOR 06 KILGORE ROAD RIANDO, FL 00000 NRIQUEZ, DEBRA 06 KILGORE ROAD RIANDO, FL 00000	Delete Delete Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	ESS ESS ESS	Trust Fund Contribution.	Add RS AND DIRECTO Change Change	ed to Fees RS IN 11 Addition Addition Addition	
After Ma -Make Check Par 10. TITLE	ay 1, 2003 Fee will be \$550.00 ryable to Florida Department of OFFICERS AND E ENRIQUEZ, IVOR 06 KILGORE ROAD RIANDO, FL 00000 NRIQUEZ, DEBRA 06 KILGORE ROAD RIANDO, FL 00000	Delete Delete Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR	ESS ESS ESS	Trust Fund Contribution.	Add RS AND DIRECTO Change Change	ed to Fees RS IN 11 Addition Addition Addition	
After Ma -Make Check Par 10. TITLE	ay 1, 2003 Fee will be \$550.00 ryable to Florida Department of OFFICERS AND E ENRIQUEZ, IVOR 06 KILGORE ROAD RIANDO, FL 00000 NRIQUEZ, DEBRA 06 KILGORE ROAD RIANDO, FL 00000	Delete Delete Delete Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME	ESS ESS ESS	Trust Fund Contribution.	Add RS AND DIRECTO Change Change Change	ed to Fees RS IN 11 Addition Addition Addition Addition	
After Ma -Make Check Par 10. TITLE	ay 1, 2003 Fee will be \$550.00 ryable to Florida Department of OFFICERS AND E ENRIQUEZ, IVOR 06 KILGORE ROAD RIANDO, FL 00000 NRIQUEZ, DEBRA 06 KILGORE ROAD RIANDO, FL 00000	Delete Delete Delete Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE TITLE NAME STREET ADDR CITY-ST-ZIP TITLE	ESS ESS ESS	Trust Fund Contribution.	Add RS AND DIRECTO Change Change Change	ed to Fees RS IN 11 Addition Addition Addition Addition	

2. I needy certify that the information supplied with this filing does not quality 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 eath; that I am 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: Description of PRINTED NAME OF SIGNATURE AND TYPED ON THE SIGNATURE