

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90405 038 ****61.25

DOCUMENT # 751082

1. Entity Name

MARATHON POWER SQUADRON, INC.

00043373



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 938 2975 OVERSEAS HIGHWAY MARATHON FL 33050		Mailing Address P.O. BOX 938 2975 OVERSEAS HIGHWAY MARATHON FL 33050	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6152243	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent MILLER, ROBERT K 2975 OVERSEAS HIGHWAY MARATHON FL 33050		7. Name and Address of New Registered Agent 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW FEES \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
----------------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: GARDNER, GEOFFREY STREET ADDRESS: PO BOX 501384 CITY-ST-ZIP: MARATHON FL 33050	<input checked="" type="checkbox"/> Delete	P/D NAME: Absten, Gregory STREET ADDRESS: 9430 30th Street CITY-ST-ZIP: Marathon, FL 33050	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME: BRADY, WILLIAM H. JR STREET ADDRESS: 7760 AVIATION BLD CITY-ST-ZIP: MARATHON FL	<input checked="" type="checkbox"/> Delete	VP/D NAME: Brown, Harold STREET ADDRESS: 1500 52nd Street, Gulf CITY-ST-ZIP: Marathon, FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPD NAME: ABSTEN, GREGORY STREET ADDRESS: 943 30TH STREET CITY-ST-ZIP: MARATHON FL	<input type="checkbox"/> Delete	S/D NAME: Miller, Carl STREET ADDRESS: 305 Sombrero Blvd CITY-ST-ZIP: Marathon, FL 330505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPD NAME: JANOWICH, VINCENT STREET ADDRESS: 210 BRUCE CT CITY-ST-ZIP: MARATHON FL 33050	<input checked="" type="checkbox"/> Delete	T/D NAME: Schnee, Jane STREET ADDRESS: 220 B 50th Street, Ocean CITY-ST-ZIP: Marathon, FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: AUCREMANNE, JOSEPH STREET ADDRESS: 516 SOMBRERO BEACH ROAD CITY-ST-ZIP: MARATHON FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAME: BRADY, EDITH F STREET ADDRESS: 7760 AVIATION BLVD. CITY-ST-ZIP: MARATHON FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: SIGNATURE Robert Treasurer 4/17/01 305-743-0391