2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751082

1. Entity Name

MARATHON POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
P.O. BOX 938 2975 OVERSEAS HIGHWAY MARATHON FL 33050	P.O. BOX 938 2975 OVERSEAS HIGHWAY MARATHON FL 33050

4 3 4 9 0 4

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P.O. BOX 500055		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State MARATHON, FLORIDA	4. FEI Number 59-6152243	Applied For / Not Applicable
Zip	Country	Zip 33050	Country U.S.A	5. Certificate of Status Desired ☐	$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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐   **$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	
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BROWN, HAROLD		NAME		
STREET ADDRESS	1500 52ND STREET, GULF		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILLER, CARL		NAME		
STREET ADDRESS	305 SOMBRERO BLVD		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ABSTEN, GREGORY		NAME		
STREET ADDRESS	9430 30TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE	TD	☑ Delete	TITLE TD	CORTELYOU, GAIL	☐ Change ☑ Addition
NAME	SCHNEE, JANE		NAME	30 SADOWSKI CAUSEWAY	
STREET ADDRESS	220 B 50TH STREET OCEAN		STREET ADDRESS	KEY COLONY BEACH, FL 33051	
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AUCREMANNE, JOSEPH		NAME		
STREET ADDRESS	516 SOMBRERO BEACH ROAD		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (9/01)

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 _____ GAIL CORTELYOU   4/30/2002   305. 289.1295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #