

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90118 017 \*\*\*150.00

**DOCUMENT # F96000004020**

1. Entity Name

**MARATHON MACHINE, INC.**

Principal Place of Business

PO BOX 867  
 WESTBOROUGH MA 01581

Mailing Address

PO BOX 867  
 WESTBOROUGH MA 01581

2. Principal Place of Business

3. Mailing Address

14 Jefferson Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Chestnut Hill Ma.

Zip

Country

Zip

Country

02467

USA

4. FEI Number 04-2315600

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMERON, KENNETH W  
 EDGEWATER MANOR  
 8500 BYRON AVE.  
 MIAMI BEACH FL 33141

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

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME CAMERON, KENNETH  
 STREET ADDRESS 80 GREAT BAY RD.  
 CITY-ST-ZIP OSTERVILLE MA 02655 ☐ Delete

TITLE  
 NAME CEO / DIRECTOR ☒ Change ☐ Addition  
 STREET ADDRESS 8500 Byron Ave  
 CITY-ST-ZIP Miami Beach, Fl. 33141

TITLE  
 NAME CAMERON, BARBARA H  
 STREET ADDRESS 80 GREAT BAY ROAD  
 CITY-ST-ZIP OSTERVILLE MA 02655 ☒ Delete

TITLE  
 NAME PRESIDENT / DIRECTOR ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME Jeffrey R. Cameron ☐ Change ☒ Addition  
 STREET ADDRESS 14 Jefferson Rd.  
 CITY-ST-ZIP Chestnut Hill, Ma. 02467

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

617 277 3411

CR2E034 (10/00)