

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90060 019 ***550.00

0140682 AT

DOCUMENT # P01000115042

1. Entity Name
MARATHON LOGISTICS CORPORATION



Principal Place of Business
1450 BS. MC CALL RD.
ENGLEWOOD FL 34223

Mailing Address
PO BOX 1924
ENGLEWOOD FL 34295



2. Principal Place of Business

3. Mailing Address

761 ORCHARD LN

PO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ENGLEWOOD FL

City & State

☐ CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number 30-0009739

Applied For
Not Applicable

Zip 34223

Country USA

Zip

Country

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

SCHRODER, ROBERT E
761 ORCHARD LANE
ENGLEWOOD FL 34223

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 *R E Schroder*

9-6-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHRODER, ROBERT E	
STREET ADDRESS	761 ORCHARD LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHRODER, ERIC A	
STREET ADDRESS	1155 TIMBER TRACE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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: *R E Schroder* **REQUIRED**

9-6-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)