2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90535 026 ***150.00

FILED

DOCUMEN I # 1. Entity Name	PU2000005960			
MARATHON MOTORS (CORPORATION			
Principal Place of Business	Mailing Address			

1722 LAFAYET ORLANDO FL	AYETTE COURT 1722 LAFAYETTE COURT FL 32807 ORLANDO FL 32807							
	Place of Business	3. Mailing Address		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PI P ial o (B ial i		
1722	LAFAYETTE COURT	1722 LAFA	JETTE COURT	7				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		□ сні	ECK HERE IF MAKING	CHANGES		
			ORLAND O, FLORIDA		0033617	<u> </u>	oplied For ot Applicable	
Zip 32807.4	Country 115A	Zip 32807-4283	Country □ ≤ ♣	5. Certificate of Statu		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Addres	s of New Registered Ag	ent		
			Name					
	A.G. SANFORD		Street Addres	s (P.O. Box Number is Not	Acceptable)	_		
	AYETTE COURT		,					
ORLANDO) FL 32807							
			City		FL	Zip Cod	е	
			· ·		· -			
8. The above	named entity submits this statement fo	or the purpose of changing its	registered office or regis	stered agent, or both, in the	State of Florida. I am fa	miliar with,	and accept	
	named entity submits this statement folions of registered agent.	or the purpose of changing its	=					
the obligat	tions of registered agent.	or the purpose of changing its	=	stered agent, or both, in the			and accept	
	tions of registered agent.	as ST	=	A.G. Sanfoed				
signature	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00	and title if applicable. (NOTE	Will Am	A. G. Sawfoed	PRES, JENT	- 1-	8-03	
SIGNATURE F After	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	and title if applicable. (NOTE	Will Am	A. G. Sawfoed ired when reinstating) 9. Election Ca	PRESIDENT	\$5.0		
SIGNATURE F F After Make Check	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	and title if applicable. (NOTE CK.#1040 of State 1-8-03	Wizelam Registered Agent signature requ	A. G. Sawfoed ired when reinstating) 9. Election Ca Trust Fund	DATE ampaign Financing Contribution.	\$5.0 Added	0 May Be	
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SIGNATURE SIGNATURE FARTE Make Check 10. TITLE	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND D WILLIAM A.G. SANFORD 1722 LAFAYETTE COURT	and title if applicable. (NOTE Ck.#1044 of State 1-8-03 DIRECTORS	Registered Agent signature required Agent sign	A. G. Sawfoed ired when reinstating) 9. Election Ca Trust Fund	DATE ampaign Financing Contribution.	\$5.0 Added	0 May Be to Fees	34 (10/02)
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SIGNATURE SIGNATURE After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND D WILLIAM A.G. SANFORD 1722 LAFAYETTE COURT	and title if applicable. (NOTE Ck.# 1040 of State 1-8-03 DIRECTORS	Registered Agent signature requirements 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	A. G. Sawfoed ired when reinstating) 9. Election Ca Trust Fund	DATE Ampaign Financing Contribution.	\$5.0 Added	0 May Be to Fees	CR2E034 (10/02)
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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 the rike empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

☐ Delete

☐ Delete

Date

Daytime Phone #

Change

Change

☐ Addition

Addition