

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90927 005 \*\*\*150.00

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**DOCUMENT # P02000105221**

1. Entity Name  
**MARATHON MOBILE MARINE INC.**



Principal Place of Business  
**1279 91ST COURT OCEAN  
MARATHON FL 33050**

Mailing Address  
~~1279 91ST COURT OCEAN~~ **PO BOX 523383**  
~~MARATHON FL 33050~~ **33052-3383**



2. Principal Place of Business

3. Mailing Address

**PO BOX 523383**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MARATHON SHORES FL**

Zip

Country

Zip

Country

**33052-3383 MONROE**

4. FEI Number

**56-2295809**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE  
SUITE 1114  
MIAMI BEACH FL 33139**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**\* After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUNNICUTT, WILLIAM</b>	
STREET ADDRESS	<b>P.O. BOX 523383</b>	
CITY-ST-ZIP	<b>MARATHON SHORES FL 33052-3383</b>	
TITLE		<input type="checkbox"/> Delete
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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:

*William Hunnicutt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-03**

**305-743-3347**

Date

Daytime Phone #

CR2E034 (10/02)