2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2002 8:00 am § P95000037320 DOCUMENT # **Secretary of State** 1. Entity Name MARATHON INTERNATIONAL ASSOCIATES, INC. 03-14-2002 90025 048 ***150 00 Principal Place of Business Mailing Address 111 GRANADA CT. 111 GRANADA CT. ORLANDO FL 32803 ORLANDO FL 32803 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3312658 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEILER, JOHN P ESQ. Street Address (P.O. Box Number is Not Acceptable) 2900 EAST OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE FL 33306 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) ☐ Addition TITLE ☐ Delete TITLE NAME SMOTHERMAN, J. SCOT NAME CR2E034 615 CHEROKEE CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE Change Change Addition NAME Gutierrez. John STREET ADDRESS 5767 SW 89TH LANE STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33328 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME INGERTO, SCOTT NAME STREET ADDRESS 7 SARANAC ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33308 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME WILSON, JAMES NAME STREET ADDRESS 164 SOUTH TESSIER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG BEACH FL 33706 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 the information indicated in the corporation 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 the information indicated in the information i