

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90242 001 ***150.00

DOCUMENT # P96000058530

1. Entity Name
MARATHON DIESEL REPAIR, INC.



Principal Place of Business
1410 OCEANVIEW AVENUE
MARATHON FL 33050

Mailing Address
1410 OCEANVIEW AVE
MARATHON FL 33050
US

2. Principal Place of Business

3. Mailing Address

3233 Cordy/Blackwater Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenville, TN

Zip

Country

37869

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0716395

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

KLINE, JAMES
1410 OCEANVIEW AVE
MARATHON FL 33050

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 **VP** ☐ Delete
NAME **KLINE, JAMES TILLMAN**
STREET ADDRESS **1410 OCEANVIEW AVE.**
CITY-ST-ZIP **MARATHON FL**

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

TITLE **P** ☐ Delete
NAME **KLINE, BERNICE FAY**
STREET ADDRESS **1410 OCEANVIEW AVE.**
CITY-ST-ZIP **MARATHON FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 other like empowered.

SIGNATURE

Bernice Fay Kline **Bernice Fay Kline** **3/21/03** **305-743-7116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)