

**03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 96000058530**

1. Entity Name

MARATHON Diesel Repair



FILED

03 AUG 15 AM 8:12

Amended
STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1250 Oceanview Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 501035

Suite, Apt. #, etc.

100022454871
08/20/03--01082--002 **\$1.25

DO NOT WRITE IN THIS SPACE

City & State
MARATHON FL

Zip
33050

Country
USA

City & State
MARATHON FL

Zip
33050

Country
USA

4. FEI Number

65-0716395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Luis CARLOS GARCIA

Street Address (P.O. Box Number is Not Acceptable)

949 15th Street

City
MARATHON

State
FL

Zip Code
33050

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)

8/01/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **P**
NAME **Luis CARLOS GARCIA**
STREET ADDRESS **949 15th Street**
CITY-ST-ZIP **MARATHON FL-33050**

TITLE **Sec**
NAME **AIDA TRUJILLO**
STREET ADDRESS **949 15th ST**
CITY-ST-ZIP **MARATHON FL 33050**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/03

Date

305-743-7116

Daytime Phone #

CR2E034B (12/02)