2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P98000034312 MARATHON INTERNATIONAL, INC. 04-30-2001 90033 029 ***150.00 Principal Place of Business ESTAUCIA 2554 ESANGIA BOULEVARD Mailing Address A 2554 ESANCIA BOULEVARD CLEARWATER FL 33761 CLEARWATER FL 33761 2. Principal Place of Business 554 ESTANCIA 2554 ESTANCIA DIVO. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE EARWATER 4. FEI Number Applied For 59-3510412 lorida Not Applicable r. isountry \$8.75 Additional 5. Certificate of Status Desired USA-Fee Required * 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COPLEY, LEWIS L JR. 2554 ESANGIA BOULEVARD (ESTANCIA) Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 33761 Zip Code FL 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, 2001 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. ☐ Change ☐ Addition TITLE □ Delete TITLE COPLEY, LEWIS L JR. NAME NAME 2554 ESANCIA BOULEVARD (E STANCIA) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761 CITY-ST-ZIP VSTD ☐ Delete TITLE TITLE ☐ Change ☐ Addition COPLEY, KAREN A NAME NAME 2554 ESANGIA BOULEVARD (ESTANCIA) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33761** CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 redeiver 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 an address, wiri all other like empowered.