2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am § Secretary of State DOCUMENT # P98000054606 1. Entity Name 05-27-2002 90300 016 ***150 00 MARATHON COMPUTERS OF THE KEYS, INC. Principal Place of Business Mailing Address 11400 OVERSEAS HIGHWAY 11400 OVERSEAS HIGHWAY SUITE 121 **SUITE 121** MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0844304 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 11(2A14) MILLER, ROBERT K Street Address (P.O. Box Num 2975 OVERSEAS HIGHWAY MARATHON FL 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 **SIGNATURE** Signature, typed or printed name of registered age (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. GES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition NAME BUZZA, RICHARD P NAME STREET ADDRESS 11400 OVERSEAS HIGHWAY, SUITE 121 STREET ADDRESS CITY-ST-ZIP MARATHON SHORES FL 33052 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 13. I hereby certify that the information supplied with this filing cloes not qualify for indicated on this report or supplemental report is true and accurate and that the of the corporation or the receiver or trustee empowered of execute this report as e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director 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, with all

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR