

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000074553**1. Entity Name
MARATHON MORTGAGE, INC.Principal Place of Business
7138 LAKE NORTH RD
STE 105
LAKE WORTH FL 33467Mailing Address
TEN 'B' ATRIUM CIR
ATLANTIS FL 334611163

2. Principal Place of Business

3. Mailing Address
TEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.
APT "B"

City & State

City & State
ATLANTIS FL

Zip

Country

Zip
334611163

Country

4. FEI Number

65-0871707

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPAPARELLA KATHLEEN PA.
12783-A FOREST HILL BLVD

WELLINGTON FL 33414

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ **04/20/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete
NAME MILLER MICHAEL J
STREET ADDRESS 260 EAST LAKEWOOD ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PRES ☒ Change ☐ Addition
NAME MILLER MICHAEL J
STREET ADDRESS TEN ATRIUM CIRCLE APT B
CITY-ST-ZIP LAKE WORTH FL 33462TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE: MICHAEL MILLER**PRES 04/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)