

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101779

1. Entity Name

MAYDAY MARATHON INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90013 015 ***150.00

Principal Place of Business

900 N. BROAD STREET
LOT 4519
BROOKSVILLE FL 34601

Mailing Address

900 N. BROAD STREET
LOT 4519
BROOKSVILLE FL 34601-6342

2. Principal Place of Business

4635 Dawngate la.
Suite, Apt. #, etc.

3. Mailing Address

4635 Dawngate la.
Suite, Apt. #, etc.

City & State

Brooksville FL

City & State

Brooksville FL

4. FEI Number

59-3563935

Applied For

Not Applicable

Zip 34601

Country USA

Zip 34601

Country USA

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

DEGNAN, STEVEN
900 N. BROAD STREET
LOT 4519
BROOKSVILLE FL 34601

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

4635 Dawngate la.

City Brooksville FL Zip Code 34601

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

9. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DEGNAN, DAWNA	
STREET ADDRESS	900 N BROAD ST, LOT 4519	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEGNAN, STEVEN	
STREET ADDRESS	900 N BROAD ST, LOT 4519	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dawna Degnan	
STREET ADDRESS	4635 Dawngate la.	
CITY-ST-ZIP	Brooksville FL 34601	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Degnan	
STREET ADDRESS	4635 Dawngate la.	
CITY-ST-ZIP	Brooksville FL 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)