

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046960

1. Entity Name
~~MEGA-REP INC.~~ * MARATHON ELECTRONICS, INC *

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90131 042 ***150.00

Principal Place of Business

Mailing Address

111 GRANADA CT.
ORLANDO FL 32803

111 GRANADA CT.
ORLANDO FL 32803-3802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3576142

Applied For

Not Applicable

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

SMOTHERMAN, SCOT
111 GRANADA CT.
ORLANDO FL 32803

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMOTHERMAN, SCOT	
STREET ADDRESS	615 CHEROKEE CIR.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, JAMES J	
STREET ADDRESS	164 S. TESSIER DR.	
CITY-ST-ZIP	ST. PETE BCH FL 33706	
TITLE	TD	<input type="checkbox"/> Delete
NAME	INGERTO, SCOTT M	
STREET ADDRESS	7 SANRANAC RD.	
CITY-ST-ZIP	SEA RANCH LAKES FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTIERREZ, JOHN	
STREET ADDRESS	5767 SW 89TH LANE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: SCOTT SMOTHERMAN, PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2000 407-872-5795

Date

Daytime Phone #

CR2E034 (9/99)