Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # **P99000046960** MARATHON ELECTRONICS, INC. 01-31-2001 90056 034 ***150.00 Principal Place of Business Mailing Address 111 GRANADA CT. 111 GRANADA CT. ORLANDO FL 32803 ORLANDO FL 32803 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 59-3576142 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 SMOTHERMAN, SCOT Street Address (P.O. Box Number is Not Acceptable) 111 GRANADA CT. ORLANDO FL 32803 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) 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE . ☐ Delete Change TITLE ☐ Addition NAME SMOTHERMAN, SCOT NAME STREET ADDRESS 615 CHEROKEE CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILSON, JAMES J NAME STREET ADDRESS 164 S. TESSIER DR. STREET ADDRESS CITY-ST-ZIP ST. PETE BCH FL 33706 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME INGERTO, SCOTT M NAME 7 Saranac Road STREET ADDRESS STREET ADDRESS 7 SANRANAC RD. Ft. Lauderdale, FL 33308 CITY-ST-ZIP CITY-ST-ZIP SEA RANCH LAKES FL 33308 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **GUTIERREZ, JOHN** NAME STREET ADDRESS 5767 SW 89TH LANE STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33328 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 ADORESS 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 receiver of 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.