

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90278 040 ***150.00

DOCUMENT # G96519

1. Entity Name
MARKET TIMING ASSOCIATES, INC.

Principal Place of Business 12514 STARKET ROAD LARGO, FL 33773 US	Mailing Address 6500 SUNSET WAY 202 ST. PETE BEACH FL 33706 US
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2. Principal Place of Business 4707-140th Ave N	3. Mailing Address
Suite, Apt. #, etc. Suite 212	Suite, Apt. #, etc.
City & State Clearwater FL	City & State

Zip 33762	Country USA	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2787339	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARLOW, HAL
6500 SUNSET WAY
202
SAINT PETERSBURG FL 33706

7. Name and Address of New Registered Agent
 Name
Leeba C Marlow
 Street Address (P.O. Box Number is Not Acceptable)
6500 Sunset Way # 202
 City
St Petersburg FL Zip Code
33706

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 *Leeba C. Marlow* DATE 1/9/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P MARLOW, HAL 6500 SUNSET WAY, #202 ST. PETERSBURG BCH <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARLOW, LEEBA 6500 SUNSET WAY ST. PETE BEACH FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition marlow, leeba 6500 Sunset Way # 202 St Petersburg FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leeba C. Marlow* DATE 1/9/2001 DAYTIME PHONE # 727-530-5722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)