

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004781

1. Entity Name

MARION ASSOCIATES, INC.

Principal Place of Business

1045 EAST ATLANTIC AVENUE
SUITE 206
DELRAY BEACH FL 33483

Mailing Address

1045 EAST ATLANTIC AVENUE
SUITE 206
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3034464

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARION, JOSEPH J
1045 E. ATLANTIC AVE. STE. 206
DELRAY BEACH FL 33483

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCST
MARION, JOSEPH J
1045 EAST ATLANTIC AVENUE SUITE 206
DELRAY BEACH FL 33483

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
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CITY-ST-ZIP
Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Marion 5/1/01 361-266-8780

FILED
Jul 20, 2001 8:00 am
Secretary of State

06-15-2001 90169 001 ***150.00
07-20-2001 90002 025 ***400.00

A0078020



DO NOT WRITE IN THIS SPACE



Attachment # F9600004781
A0078026

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 18, 2001

MARION ASSOCIATES, INC.
1045 EAST ATLANTIC AVENUE
SUITE 206
DELRAY BEACH, FL 33483

Subject: MARION ASSOCIATES, INC.

Reference Number: F96000004781

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SR
ANNUAL REPORTS SECTION

Check Attached