2001 UNIFORM BUSINESS REPORT (UBR)

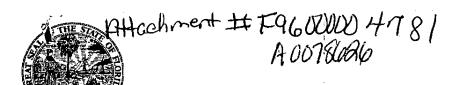
SIGNATURE:

SIGNATURE AND TYPED OR P

NAME OF SIGNING OFFICER OR

Jul 20, 2001 8:00 am DOCUMENT # F96900004781 **Secretary of State** 06-15-2001 90169 001 ***150.00 MARION ASSOCIATES, INC. 07-20-2001 90002 025 ***400.00 Principal Place of Business Mailing Address 1045 EAST ATLANTIC AVENUE 1045 EAST ATLANTIC AVENUE SUITE 206 SUITE 206 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 38-3034464 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARION, JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 1045 E. ATLANTIC AVE. STE. 206 **DELRAY BEACH FL 33483** City Zio 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete **PCST** TITLE TITLE NAME MARION, JOSEPH J NAME STREET ADDRESS STREET ADDRESS 1045 EAST ATLANTIC AVENUE SUITE 206 CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with

FILED



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

F96000004781

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> 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

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314