

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F85905**1. Entity Name
10,000, INC.

| | | | |
|--|----|---|----|
| Principal Place of Business 720 MAGNOLIA ST P.O. BOX 1304 NEW SMYRNA BEACH 32168 US | FL | Mailing Address 720 MAGNOLIA ST NEW SMYRNA BEACH 32168 US | FL |
|--|----|---|----|

| | |
|---|--------------------|
| 2. Principal Place of Business 720 MAGNOLIA ST | 3. Mailing Address |
|---|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--|--------------|
| City & State NEW SMYRNA BEACH FL | City & State |
|--|--------------|

| | | | |
|--------------|---------------|-----|---------|
| Zip 32168 | Country US | Zip | Country |
|--------------|---------------|-----|---------|

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2274961 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWILEY DAVID
720 MAGNOLIA AVE

NEW SMYRNA BCH FL
32168 US**7. Name and Address of New Registered Agent**

| |
|--|
| 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 **DAVID WILEY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | SVD | <input type="checkbox"/> Delete |
| NAME | WILEY KAREN A | |
| STREET ADDRESS | 907 N. ATLANTIC AVE. | |
| CITY-ST-ZIP | NEW SMYRNA BCH. FL | |
| TITLE | PDT | <input type="checkbox"/> Delete |
| NAME | WILEY DAVID J | |
| STREET ADDRESS | 907 N. ATLANTIC AVE. | |
| CITY-ST-ZIP | NEW SMYRNA BCH. FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | SVD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILEY KAREN A | |
| STREET ADDRESS | 254 GOLF CLUB DRIVE | |
| CITY-ST-ZIP | NEW SMYRNA BCH. FL 32168 | |
| TITLE | PDT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILEY DAVID J | |
| STREET ADDRESS | 254 GOLF CLUB DRIVE. | |
| CITY-ST-ZIP | NEW SMYRNA BCH. FL 32168 | |
| 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: **DAVID WILEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P

05/01/2001

Date

Daytime Phone #

CR2E034 (11/00)