2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039936

1. Entity Name

~~KILEY ENTERPRISES, INC.~~ 10U.MONEY.COM

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90184 046 ***150.00

Principal Place of Business	Mailing Address
~~5735 LAKELAND HIGHLANDS RD.~~	~~5735 LAKELAND HIGHLANDS RD.~~
~~LAKELAND FL 33813~~	~~LAKELAND FL 33813-3267~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 So. KENTUCKY	100 So. KENTUCKY
Suite, Apt. #, etc.: SUITE 260	Suite, Apt. #, etc.: SUITE 260
City & State: LAKELAND FL	City & State: LAKELAND FL
Zip: 33801 Country: USA	Zip: 33801 Country: USA

4. FEI Number 59-3631948 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~KILEY, R. JAY~~
~~5735 LAKELAND HIGHLANDS RD.~~
~~LAKELAND FL 33813~~

7. Name and Address of New Registered Agent

Name: MARY LU KILEY
Street Address (P.O. Box Number is Not Acceptable): 829 WOODWARD ST
City: LAKELAND FL Zip Code: 33803

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] Signature, typed or printed name of registered agent and title if applicable. [signature] (NOTE: Registered Agent signature required when reinstating) 4/7/00 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, 2000 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	D	☐ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	KILEY, R. JAY		NAME		
STREET ADDRESS	~~5735 LAKELAND HIGHLANDS RD.~~		STREET ADDRESS	100 So KENTUCKY	
CITY-ST-ZIP	~~LAKELAND FL 33813~~		CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		☐ Delete	TITLE	VICE PRES/SEC/TREAS	☐ Change ☒ Addition
NAME			NAME	MARY LU KILEY	
STREET ADDRESS			STREET ADDRESS	829 WOODWARD ST.	
CITY-ST-ZIP			CITY-ST-ZIP	LAKELAND, FL 33803	
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 ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] 3-3-00 863 802-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #