FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 07, 2003 8:00 am Secretary of State F07020 DOCUMENT # 1. Entity Name 04-07-2003 91005 041 ***158.75 WEISS MONEY MANAGEMENT, INC. Mailing Address Principal Place of Business 4176 BURNS ROAD P.O. BOX 109665 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State FEI Number 59-2052774 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BREAZEALE, JOHN N. Street Address (P.O. Box Number is Not Acceptable) 4176 Burns Kond 4176 BURNS ROAD PALM BEACH GARDENS FL 33410 Palm Beach Gardens 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. 1 am familiar with, and accept the obligations of SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TIT! F X Addition John Leavitt WEISS, MARTIN D NAME NAME 4176 Burns Road STREET ADDRESS 4176 BURNS ROAD STREET ADDRESS Palm Beach Gardens FL 33410 PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-2IP ☐ Change ☐ Delete TITLE X Addition TITLE Tracey L. Sprovieri NAME NAME NICHOLAS, DANA K STREET ADDRESS 4176 BURNS ROAD STREET ADDRESS 4176 Burns Road CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE TITLE VP S Delete Change ☐ Addition NAME NAME_ CHAPMAN, STEVE STREET ADDRESS STREET ADDRESS 4176 BURNS ROAD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIT! F □ 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

12. 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 10 or Block 11 if changed, or on an attach

SIGNATURE:

Treasures