

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 FL 32168 US

Mailing Address
 720 MAGNOLIA ST
 NEW SMYRNA BEACH FL 32168 US

2. Principal Place of Business
 720 MAGNOLIA ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 NEW SMYRNA BEACH FL

City & State

4. FEI Number
59-2274961

Applied For
 Not Applicable

Zip Country
 32168 US

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

WILEY DAVID
 720 MAGNOLIA AVE
 NEW SMYRNA BCH FL 32168 US

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** DATE **05/01/2001**
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 SVD Delete
 NAME WILEY KAREN A
 STREET ADDRESS 907 N. ATLANTIC AVE.
 CITY-ST-ZIP NEW SMYRNA BCH. FL

TITLE SVD Change Addition
 NAME WILEY KAREN A
 STREET ADDRESS 254 GOLF CLUB DRIVE
 CITY-ST-ZIP NEW SMYRNA BCH. FL 32168

TITLE PDT Delete
 NAME WILEY DAVID J
 STREET ADDRESS 907 N. ATLANTIC AVE.
 CITY-ST-ZIP NEW SMYRNA BCH. FL

TITLE PDT Change Addition
 NAME WILEY DAVID J
 STREET ADDRESS 254 GOLF CLUB DRIVE.
 CITY-ST-ZIP NEW SMYRNA BCH. FL 32168

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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** P Date **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)