

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # J60311**1. Entity Name  
30,000, INC.

Principal Place of Business 720 MAGNOLIA STREET 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**59-2831245**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**WILEY, DAVID J.  
720 MAGNOLIA AVE  
  
NEW SMYRNA BEACH FL  
32168**7. Name and Address of New Registered Agent**Name  
WILEY DAVID J  
Street Address (P.O. Box Number is Not Acceptable)  
720 MAGNOLIA AVE  
  
City  
NEW SMYRNA BEACH FL Zip Code  
32168

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****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**TITLE  
NAME SD  
STREET ADDRESS GOLDSMITH, MARY JO  
CITY-ST-ZIP 504 N DIXIE  
NEW SMYRNA BEACH FL ☐ DeleteTITLE  
NAME PTD  
STREET ADDRESS WILEY, DAVID J.  
CITY-ST-ZIP 907 N. ATLANTIC AVE  
NEW SMYRNA BEACH FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME SD ☒ Change ☐ Addition  
STREET ADDRESS GOLDSMITH MARY JO  
CITY-ST-ZIP 1807 TURNBULL LAKES DRIVE  
NEW SMYRNA BEACH FL 32168TITLE  
NAME PTD ☒ Change ☐ Addition  
STREET ADDRESS WILEY DAVID J  
CITY-ST-ZIP 254 GOLF CLUB DRIVE  
NEW SMYRNA BEACH FL 32168TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)