

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K44826**1. Entity Name  
70,000, INC.

Principal Place of Business % DAVID J. WILEY 720 MAGNOLIA AVE NEW SMYRNA BEACH 32168 FL	Mailing Address % DAVID J. WILEY 720 MAGNOLIA AVE NEW SMYRNA BEACH 32168 FL
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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  
**59-2927948**Applied For  
Not Applicable5. 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 J  
720 MAGNOLIA AVE  
  
NEW SMYRNA BEACH FL  
32168 USName  
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****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 D ☐ Delete  
NAME WILEY DAVID J  
STREET ADDRESS 720 MAGNOLIA STREET  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE STD ☐ Delete  
NAME WILEY DAVID J  
STREET ADDRESS 907 N ATLANTIC AVE.  
CITY-ST-ZIP NEW SMYRNA BCH FLTITLE STD ☒ Change ☐ Addition  
NAME WILEY DAVID J  
STREET ADDRESS 254 GOLF CLUB DRIVE  
CITY-ST-ZIP NEW SMYRNA BCH FL 32168TITLE DP ☐ Delete  
NAME DEVER THOMAS  
STREET ADDRESS 765 OLD MISSION RD  
CITY-ST-ZIP NEW SMYRNA BCH FLTITLE DP ☒ Change ☐ Addition  
NAME DEVER THOMAS  
STREET ADDRESS 765 OLD MISSION RD  
CITY-ST-ZIP NEW SMYRNA BCH FL 32168TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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**

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05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)