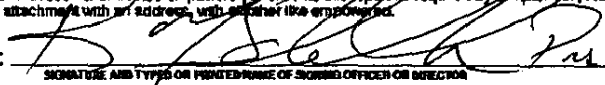


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91394 036 ***158.75

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

DOCUMENT # P99000088807		
1. Entity Name MONEY WISE FINANCIAL SERVICES, INC.		
Principal Place of Business 216 NORTH CENTRAL AVE # 292 PHOENIX, AZ 85004		Mailing Address 216 NORTH CENTRAL AVE # 292 PHOENIX, AZ 85004
2. Principal Place of Business 112 Marina Del Rey Suite, Apt. #, etc.		3. Mailing Address 112 Marina Del Rey Suite, Apt. #, etc.
City & State Clearwater Bch, FL		City & State Clearwater Bch, FL
Zip 33767		Zip 33767
Country USA		Country USA
4. FEI Number 59-3268585		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHILLEMANN, R. MATLOCK 2638 W. GRAND RESERVE CIR., #918 CLEARWATER, FL 33769		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 112 Marina Del Rey City Clearwater Beach FL Zip Code 33767
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1-25-03 Signature, typed or printed name of registered agent and date if applicable. (NONE Registered Agents typically accepted name or initials)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME SCHILLEMANN, R. MATLOCK ☐ Delete STREET ADDRESS 2638 W. GRAND RESERVE CIR., #918 CITY-ST-ZIP CLEARWATER, FL 33769		TITLE ☒ Change ☐ Addition NAME 112 Marina Del Rey STREET ADDRESS Clearwater Bch, FL CITY-ST-ZIP 33767
TITLE VP NAME MILLER, TRACY ☐ Delete STREET ADDRESS 201 E. SOUTHERN -101 CITY-ST-ZIP TEMPE, AZ		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 of an attachment with an address, with signature like empowered.		
SIGNATURE:  DATE 1-25-03 727-776-0922 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		