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.

90110965

Principal Place of Business	Mailing Address
216 NORTH CENTRAL AVE # 292 PHOENIX, AZ 85004	216 NORTH CENTRAL AVE # 292 PHOENIX, AZ 85004

[redacted]

2. Principal Place of Business	3. Mailing Address
112 Marina Del Rey (Suite, Apt. #, etc.)	112 Marina Del Rey (Suite, Apt. #, etc.)
City & State: Clearwater Bch, FL	City & State: Clearwater Bch, FL
Zip: 33767 Country: USA	Zip: 33767 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3268565 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHILLEMAN, R. MATLOCK
~~2636 W. GRAND RESERVE CIR., #918~~
~~CLEARWATER, FL 33759~~

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 [signature] 1-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHILLEMAN, R. MATLOCK ~~2636 W. GRAND RESERVE CIR., #918~~ ~~CLEARWATER, FL 33759~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 112 Marina Del Rey Clearwater Bch, FL 33767
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLER, TRACY 201 E. SOUTHERN -101 TEMPE, AZ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pres 1-25-03 727-776-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #