2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # G79237** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name WORTH BUILDERS, INC. 04-21-2000 90042 011 ***150.00 Principal Place of Business Mailing Address C/O JAMES S. MARTINDALE C/O JAMES S. MARTINDALE 1137 CLARE AVE. 1137 CLARE AVE. WEST PALM BEACH FL 33401-6903 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 8511 S.E. BRISTOL WAY 8511 S.E. BRISTOL WA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2370908 Not Applicable UPITER \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAMES Not Acceptable) MARTINDALE, JAMES S. 5408 SEA BISCUT RD PALM BEACH GARDENS FL 33418 City JUPITER entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. S[™] Change CR2E034 (9/99) Delete TITLE TITLE MARTINDALE , JAMES MARTINDALE, JAMES S NAME NAME 8511 S.E. BRISTOL WAY STREET ADDRESS STREET ADDRESS 3024 WASHINGTON ROAD CITY-ST-ZIP JUPITER, FL CITY-ST-7IP WEST PALM BEACH FL ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 to e 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #