Apr 28, 2003 8:00 am Secretary of State

WORTHWHILE DEVELOPMENT VII, INC.								04-28-2003 90980 040 *** 138.73	
Principal Place of Business 2933 W SR 434 STE 101 LONGWOOD FL 32779			2933	Mailing Address 2933 W SR 434 STE 101 LONGWOOD FL 32779				11022011	
2. Principal F	Place of Busin	ness	3. Mailing Address					T TORRITORY THE BEATTY THREE DELITE OR HIS ORDER THREE T	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES	
City & State			City & State				4.	Not Applicable Applied For Not Applicable	
Zip Country		Zip	Zip Coun		try	5.	i. Certificate of Status Desired		
	6. Name	and Address of Currer	nt Register	ed Agent			7.	. Name and Address of New Registered Agent	
ROYALL, H.J. JR						Name			
2949 W S.R. 434, STE 400						Street Addres	s (P.O.	. Box Number is Not Acceptable)	
LONGWO	OD FL 3277	79							
					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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be 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		H.J. JR R 434 STE 101 DD FL 32779		Delete .		I .	_	☐ Change ☐ Addition	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000011312

407-774-0303