

# 02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC 13 AM 8:01

DOCUMENT # P01000030100

1. Entity Name  
R7W Development, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5001 49th St. N

3. Mailing Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
St. Petersburg, FL

City & State

4. FEI Number  
59-3709663

Applied For  
Not Applicable

Zip  
33709

Country  
Pinellas

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE  
IN THIS SPACE

## 7. Name and Address of Current Registered Agent

Name - Andrew R. WEBBER

Street Address (P.O. Box Number is Not Acceptable)  
5001 49th St. N

City St. Petersburg FL Zip Code 33709

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 

12/10/02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is: \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE President  
NAME Andrew R. WEBBER  
STREET ADDRESS 5001 49th St. N  
CITY-ST-ZIP St. Petersburg, FL 33709

TITLE NAME  
STREET ADDRESS 100009504351  
CITY-ST-ZIP 12/13/02--01049--003 \*\*150.00

TITLE Vice-President  
NAME Eleanor J. WEBBER  
STREET ADDRESS 5001 49th St. N  
CITY-ST-ZIP St. Petersburg, FL 33709

TITLE NAME  
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CITY-ST-ZIP

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/02 727 5276535  
Date Daytime Phone #

CR2E034B (12/01)