2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P97000068224** WORTHWHILE DEVELOPMENT III, INC. 04-25-2001 90070 017 ***158.75 Principal Place of Business Mailing Address 2949 W. STATE ROAD 434 2949 W. STATE ROAD 434 SUITE 400 SHITE 400 LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address 2933 W SR 434 933 W SR 434 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 101 Saite 101 City & State City & State 4. FEI Number Applied For 59-3464680 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROYALL, H. J. JR Street Address (P.O. Box Number is Not Acceptable) 2949 W. SR-434 STE 400-Suite 101 LONGWOOD FL 32779 Zip Code 8. The above named entity submits this etatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4/19/01 President gest and the if applicable 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, 2001 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. **PSTD** Change Addition TITLE ☐ Delete TITLE NAME NAME ROYALL, H. J. JR 2933 W SR 434, Ste 101 STREET ADDRESS STREET ADDRESS 2949 W. SR 434/STE 400 CITY-ST-7P CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CiTY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 eath; 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 SIG G OFFICER OR DIRECTOR

HJ Royall, Jr. 4/19/01 407-774-0303

President Date Dayline Phone #