

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90062 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038994

1. Entity Name

THE LITTLE REAL ESTATE MAGAZINE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1020 W. EAU GALLIE BLVD

Suite, Apt. #, etc.

SUITE I

City & State

MELBOURNE, FL

Zip

32955

Country

USA

3. Mailing Address

1020 W. EAU GALLIE BLVD

Suite, Apt. #, etc.

SUITE I

City & State

MELBOURNE, FL

Zip

32935

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3526082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DONALD E. GUST

Street Address (P.O. Box Number is Not Acceptable)

1020 W. EAU GALLIE BLVD.

SUITE I

City

MELBOURNE

FL

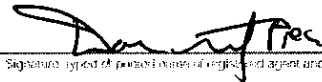
Zip Code

32935

**DO NOT WRITE
IN THIS SPACE**

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



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

(NOTE: Registered Agent signature required when reinstating)

4/23/02

DATE

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

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	DONALD E. GUST
STREET ADDRESS	430 12th AVE
CITY-STATE-ZIP	INDIANLANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone

CR2E034B (12/01)