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	3. Mailing Address
1020 W. EAU GALLIE BLVD	1020 W. EAU GALLIE BLVD
Suite, Apt. #, etc.: SUITE I	Suite, Apt. #, etc.: SUITE I
City & State: MELBOURNE, FL	City & State: MELBOURNE, FL
Zip: 329 Country: USA	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

DO NOT WRITE IN THIS SPACE

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

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: _____ 4/23/02
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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-ST-ZIP	INDIALANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 #