2003 FOR PROFIT CORPORATION

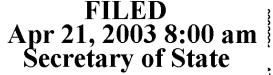
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

ECONOLIST REAL ESTATE, INC.





04-21-2003 90480 040 ***150.00

Jupiter FL 33477				Jupiter FL 33477									
2. Principal Place of Business			3. Ma	3. Mailing Address					 	.	a n aa na maan ma		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State			4	4. FEI Nu	mber 65-1147	' 594		Applied For Not Applicable	
Zip Country				Zip Countr		try		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
							Name						
COPE, DAVID R					~ <u>;</u> .,								
		NORTH		Street Address ((P.O. Box Number is Not Acceptable)						
4106 FAIRWAY DRIVE NORTH JUPITER FL 33477													
						City	FL Zip Code						
		y submits this statement fo	or the purp	oose of changing its	registere	ed office or re	egistered	agent, or	both, in the State	of Florida. La	am familiar with	n, and accept	
the obligat	ions of regist	ered agent.											
OLON MENUDE													
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	plicable. (NOTE	: Registere	d Agent signature	required whe	en reinstating	3)	DA	TE.		
	II E NOWI	1 FEE 10 6450.00		T				1		•			
		! FEE IS \$150.00			9.	Election Campai	gn Financing	\$5.	00 May Be				
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Trust Fund Contr	ibution		ed to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.	1.		ADDITIO	NS/CHANGES TO	OFFICERS A	AND DIRECTO	RS IN 11	
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NAME	COPE, DA	VID		_ 55.00	NAM	e İ						_	
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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 tike empowered.

SIGNATURE: