

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90010 024 ***150.00

DOCUMENT # P95000066414

1. Entity Name
REAL ESTATE INNOVATION, INC.

Principal Place of Business 3288 S 3RD ST JACKSONVILLE FL 32250 US	Mailing Address 1560 SELVA MARINA DR ATLANTIC BCH FL 32233 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3353779	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**FORE, J T
 1560 SELVA MARINA DR
 ATLANTIC BCH FL 32233**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	CARRIGAN, DONALD T	
STREET ADDRESS	113 SOUTH ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	FORE, J T	
STREET ADDRESS	1560 SELVA MARINA DR	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	P	<input type="checkbox"/> Delete
NAME	PETER FREW	
STREET ADDRESS	110 WOODBURY ROAD	
CITY-ST-ZIP	WATERTOWN CN	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHBY, C L G	
STREET ADDRESS	1560 SELVA MARINA DR	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Tracey Fore* **J. TRACEY FORE** Date: **01/10/01** Daytime Phone #: **904-249-1729**

CR2E034 (10/00)