

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90363 040 \*\*\*150.00

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**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**



2. Principal Place of Business  
**Suite, Apt. #, etc.**

3. Mailing Address  
**3288 S 3RD ST**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

City & State

City & State  
**Jacksonville Beach**

4. FEI Number **59-3353779**

Applied For  
Not Applicable

Zip Country

Zip Country  
**32250 DUVAL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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 **J.T. FORE**  
Street Address (P.O. Box Number is Not Acceptable)  
**3288 South Third Street**  
City **Jacksonville Beach** FL Zip Code **32250**

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 **J. Tracey Fore v.p.**

DATE **1/25/02**

Signature, typed or printed 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) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARRIGAN, DONALD T</b>	
STREET ADDRESS	<b>113 SOUTH ADAMS STREET</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> Delete
NAME	<b>FORE, J T</b>	
STREET ADDRESS	<b>1560 SELVA MARINA DR</b>	
CITY-ST-ZIP	<b>ATLANTIC BCH FL 32233</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PETER FREW</b>	
STREET ADDRESS	<b>110 WOODBURY ROAD</b>	
CITY-ST-ZIP	<b>WATERTOWN CN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ASHBY, C L G</b>	
STREET ADDRESS	<b>1560 SELVA MARINA DR</b>	
CITY-ST-ZIP	<b>ATLANTIC BCH FL 32233</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)