

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90075 020 ***158.75

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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

~~3288 S 3RD ST~~
~~JACKSONVILLE FL 32250~~
~~US~~

2. Principal Place of Business

2073 MAYPORT ROAD

3. Mailing Address

PO BOX 330339

Suite, Apt. #, etc.

P.O. BOX 330339

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FLA

City & State

ATLANTIC BEACH FLORIDA

Zip

32233

Country

USA

Zip

32233-0339

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3353779

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORE, J T
3288 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name FORE, J.T.
Street Address (P.O. Box Number is Not Acceptable)
1550 BEACH AVENUE
City ATLANTIC BEACH FL Zip Code 32233

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03 904 249-1729

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	1550 SELVA MARINA DR - 1550 BEACH AVE	
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 checked="" type="checkbox"/> Delete
NAME	ASHBY, CLO	
STREET ADDRESS	1637 BEACH AVENUE	
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		

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	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHBY, ELEANOR	
STREET ADDRESS	1637 BEACH AVENUE	
CITY-ST-ZIP	ATLANTIC BEACH, FLORIDA 32233	
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		

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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03 904 249-1729

CR2E034 (10/02)