2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H38075

1. Entity Name — CHANGED ON 3-31-2000

RE/MAX ASSOCIATES, INC. — TALJOO, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90108 023 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
690 ~~537~~ DELTONA BLVD ~~STE 101~~ DELTONA FL 32725	690 ~~537~~ DELTONA BLVD ~~STE 101~~ DELTONA FL 32725-8020

2. Principal Place of Business		3. Mailing Address	
690 DELTONA BLVD		690 DELTONA BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DELTONA, FL		City & State: DELTONA, FL	
Zip: 32725	Country: USA	Zip: 32725	Country: USA

4. FEI Number: 59-2496838 ☐ Applied For ☐ Not Applicable

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
LAWRENCE, JAMES H. ~~537~~ DELTONA BV 101 DELTONA FL 32725	Name: Street Address (P.O. Box Number is Not Acceptable): 690 DELTONA BLVD City: DELTONA FL Zip Code: 32725

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: James H Lawrence 4/11/00
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, JAMES H.		NAME	
STREET ADDRESS	66 DAHLIA DR		STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, CAROLYN B.		NAME	
STREET ADDRESS	66 DAHLIA DR		STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: James H Lawrence J. H. LAWRENCE 4/11/00 407-574-3339 X122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #