2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000087694** Jan 18, 2000 8:00 am **Secretary of State** RE/MAX REALTY EXPERTS, INC. 01-18-2000 90033 010 ***150.00 Mailing Address Principal Place of Business 211 EAST INTERNATIONAL SPEEDWAY BLVD. 211 EAST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32118-4689 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3601545 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERT M. GARDNER, P.A. Street Address (P.O. Box Number is Not Acceptable) 209 SOUTH HALIFAX AVENUE DAYTONA BEACH FL 32118 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Felix Amon - President ☐ Delete NAME YLOS S. Atlastic Aux STREET ADDRESS STREET ADDRESS DAYTOR BCH FL 32127 CITY-ST-ZIP CITY-ST-7IP Urava Amen - Secretory-Tras | Delete ☐ Change Addition TITLE TITLE NAME 4205 S. Atlastic Assa STREET ADDRESS STREET ADDRESS Pach FC 32127 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Bek, Antonich NAME 1 Hunsers Run Ornela STREET ADDRESS STREET ADDRESS Ormany Beh FC 32174 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.