FILED
Aug 11, 2003 8:00 am
Secretary of State

07-28-2003 90138 013 ***158.75
08-11-2003 90307 017 ***391.25

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011870

1. Entity Name
SELLERS & BUYERS REALTY USA, INC.

Principal Place of Business	Mailing Address
2369 RISKEN TERRACE PORT CHARLOTTE FL 33981	2369 RISKEN TERRACE PORT CHARLOTTE FL 33981

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11644 S.W. EGRET CIRCLE	P.O. Box 496090
Suite, Apt. #, etc. 1505	Suite, Apt. #, etc.
City & State LAKE SUZY FL	City & State PORT CHARLOTTE FL
Zip 34269-8711 Country USA	Zip 33949-6090 Country USA

4. FEI Number 65-0693137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, NORMAN G
~~2369 RISKEN TERRACE~~
~~PORT CHARLOTTE~~ FL 33981

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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. 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

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

$158.75

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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, NORMAN ~~2369 RISKEN TERRACE~~ ~~PORT CHARLOTTE~~ FL 33981	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NORMAN G. WHITE 11644 S.W. EGRET CIR #1505 LAKE SUZY FL 34269	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/03)

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 REQUIRED [signature] 7/24/03 941 625-8532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #