2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am DOCUMENT # M83820 Secretary of State GARY SACHS REALTY, INC. 03-01-2001 91332 002 ***150.00 Principal Place of Business Mailing Address C/O GARY A. SACHS C/O GARY A. SACHS 74 BELMONT BLVD. 74 BELMONT BLVD. ORANGE PK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2891032 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SACHS, GARY A. Street Address (P.O. Box Number is Not Acceptable) 74 BELMONT BLVD. **ORANGE PARK FL 32073** City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete DIE Addition SACHS, GARY A. NAME NAME 74 BELMONT BLVD. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP DVS TELE ☐ Delete TITLE Change Addition SACHS, MARY A. NAME NAME 74 BELMONT BLVD. STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-7iP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-7IP 71717 ☐ Delete TITLE Change Addition. NAME NAME SCREET ADORESS STREET ADDRESS City-St-7I2 CITY-ST-ZIP Delete 31718 C'hange f \(\) Addition NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP HILE Delete TOTE Change Add tion NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP

13. Thereby 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 AND TYPED OR PRINTED NOME OF SIGNING OFFICER OR DIRECTOR Date Date Daylor Strong #

FILED