

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 23 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054217

1. Entity Name

SARMAX REALTY SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1520 S.E. 46th Lane

3. Mailing Address

1520 S.E. 46th Lane

Suite, Apt. #, etc.
Unit B

Suite, Apt. #, etc.
Unit B

City & State
Cape Coral, Florida

City & State
Cape Coral, Florida

Zip
33904

Country
USA

Zip
33904

Country
USA

4. FEI Number

65-1110291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Stephan Bosch**

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

1520 SE 46th Lane, Unit B

City **Cape Coral**

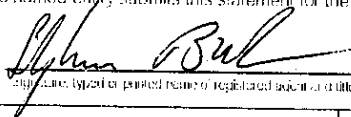
FL

Zip Code
33904

**DO NOT WRITE
IN THIS SPACE**

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



Stephan Bosch

10/8/02

(Signature, typed or printed name of registered agent or officer is applicable)

(NOTE: Registered Agent's signature required when re-designating)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P, D
Stephan Bosch
1520 SE 46 Ln., Unit B, Cape Coral, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
LORRAINE B. ANTHONY
11011 MAHOGANY RUN
FT. MYERS, FL 33913

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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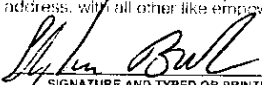
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STREET ADDRESS
CITY-STATE-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Stephan Bosch, P

10/8/02

239.540.0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)