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

000008543980
10/23/02--01041--001 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1520 S.E. 46th Lane		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

DO NOT WRITE IN THIS SPACE

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

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 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) ☐

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-ST-ZIP	P, D Stephan Bosch 1520 SE 46 Ln., Unit B,Cape Coral, Fl 33904	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LORRAINE B. ANTHONY 11011 MAHOGANY RUN FT. MYERS, FL 33913	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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JR 10/25

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CR2E034B (12/01)

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 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 #