

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-07-2003 90719 037 ***150.00

DOCUMENT # P02000133025

1. Entity Name

SAGE MORTGAGE SERVICES INC.



Principal Place of Business
4515 CURRY FORD ROAD
ORLANDO FL 32812

Mailing Address
4515 CURRY FORD ROAD
ORLANDO FL 32812



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1438235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCHAEFFLER, RYAN A.
1331 JULIO LANE
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name **RYAN A. SCHAEFFLER**

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

1331 JULIO LANE

City **ORLANDO**

FL

Zip Code
32807

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

Ryan A. Schaeffler

Signature, typed or printed name of registered agent applicable if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

4-16-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
NAME **RYAN A. SCHAEFFLER**
STREET ADDRESS **1331 JULIO LANE**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Ryan A. Schaeffler
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4-1-03
Date

407-737-3355
Daytime Phone

RYAN A. SCHAEFFLER

CR2E034 (10/02)