

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90852 023 ***150.00

DOCUMENT # P98000038721

1. Entity Name
SARMAX CORP.



Principal Place of Business
**3724 DEL PRADO BLVD.
CAPE CORAL FL 33904**

Mailing Address
**3724 DEL PRADO BLVD.
CAPE CORAL FL 33904**



2. Principal Place of Business

14501 Hickory Hill CT

3. Mailing Address

14501 Hickory Hill CT

Suite, Apt. #, etc.

624

Suite, Apt. #, etc.

624

☐ CHECK HERE IF MAKING CHANGES

City & State

FORT MYERS

City & State

FORT MYERS

4. FEI Number

65-0832937

Applied For

Not Applicable

Zip

33912

Country

FL

Zip

33912

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUMM, JENS

3724 DEL PRADO BLVD.

CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

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

14501 Hickory Hill CT

624

City

FT. MYERS

FL

Zip Code

33912

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/17/03

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 **P** ☐ Delete
NAME **TUMM, JENS**
STREET ADDRESS **3724 DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **V** ☒ Delete
NAME **FALK, ROSE**
STREET ADDRESS **WITTEKINDSTR. 25 32758 DETMOLD**
CITY-ST-ZIP **GERMANY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **14501 Hickory Hill CT # 624**
CITY-ST-ZIP **FT. MYERS, FL 33912**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/03

Date

Daytime Phone #

239-8485255

CR2E034 (10/02)