

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093851

1. Entity Name  
**SAXY RECORDS, INC.**

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90016 025 \*\*\*150.00

Principal Place of Business  
**1287 BLUEBIRD**  
**MARCO ISLAND FL 34145**  
**US**

Mailing Address  
**1287 BLUEBIRD**  
**MARCO ISLAND FL 34145**  
**US**

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 **31-1430089**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNYDER, ROBERT B**  
**1287 BLUEBIRD**  
**MARCO ISLAND FL 34145**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_  
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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SNYDER, ROBERT B.	1287 BLUEBIRD	MARCO ISLAND FL	<input type="checkbox"/>
ST	SNYDER, JANET	1287 BLUEBIRD	MARCO ISLAND FL	<input type="checkbox"/>
V	GIMPERT, JOHN	856 TURNBRIDGE	NAPERVILLE IL	<input checked="" type="checkbox"/>
CEO	SNYDER, ROBERT B	1287 BLUEBIRD	MARCO ISLAND FL 34415	<input type="checkbox"/>
V	KELLEY, ERNEST	2287 LATHRUP	DETROIT MI	<input type="checkbox"/>
VP	ANDERSON, ERIC	243 HARBOR	PT CHARLOTTE FL 33954	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V	M.V. Pittman-Walker	The Pittman Ranch	Utopia TX 78884	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Jack Huguen	889 Hyacinth Ct.	Marco Island FL 34145	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Aaron Gruber	1290 Bluebird Ave.	Marco Island FL 34145	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Julie Capra	7464 S. Dexter Way	Littleton CO 80122	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-01 (941) 642-8570  
Date Daytime Phone #

0401372

CR2E034 (10/00)