

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65610

Entity Name: SAXON BUSINESS SYSTEMS, INC.

Current Principal Place of Business:

14025 NW 60TH AVENUE
MIAMI LAKES, FL 33014

Current Mailing Address:

14025 NW 60TH AVENUE
MIAMI LAKES, FL 33014 US

FEI Number: 59-2560595

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, DIRECTOR
Name THOMAS, BETH
Address 14025 NW 60TH AVENUE
City-State-Zip: MIAMI LAKES FL 33014

Title T
Name MCFADDEN, CLAIRE
Address 14025 NW 60TH AVENUE
City-State-Zip: MIAMI LAKES FL 33014

Title VS
Name COLON, FLOR M
Address 201 MERRITT 7
City-State-Zip: NORWALK CT 06851

Title DIRECTOR
Name STEELE, SHARON
Address 201 MERRITT 7
City-State-Zip: NORWALK CT 06851

Title DIRECTOR, ASST. TREASURER
Name MILNE, DAVID
Address 8701 FLORIDA MINING BLVD
City-State-Zip: TAMPA FL 33634

Title ASST. TREASURER
Name MORENZONI, RICK
Address 369 EDWIN DRIVE
City-State-Zip: VIRGINIA BEACH VA 23462

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID MILNE

ASST TREASURER

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date