

**2020 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  
Name THOMAS, BETH  
Address 14025 NW 60TH AVENUE  
City-State-Zip: MIAMI LAKES FL 33014

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

Title VS  
Name MARSHALL, DOUGLAS H  
Address 201 MERRITT &  
City-State-Zip: NORWALK CT 06851

Title DIRECTOR  
Name CAVALLARO, GEORGE  
Address 14025 NW 60TH AVENUE  
City-State-Zip: MIAMI LAKES FL 33014

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

Title ASST. SECRETARY  
Name WALSH, KEVIN  
Address 8701 FLORIDA MINING BLVD  
City-State-Zip: TAMPA FL 33634

*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:** SHEILA ROSENBLATT

**ASST TREASURER**

**05/06/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date