#### 2017 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

## 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 Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	Р	Title	Т
Name	CAVALLARO, BRIAN	Name	PAUCIULLO, FRANK J
Address	14025 NW 60TH AVENUE	Address	14025 NW 60TH AVENUE
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI LAKES FL 33014
Title	VS	Title	С
Name	KOSARZYCKI, ROXANNE	Name	SALIERNO, THOMAS L
Address	3903 NORTHDALE BLVD	Address	3903 NORTHDALE BLVD
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624
Title	D	Title	DIRECTOR
Name	BASS, R EDWARD	Name	CAVALLARO, GEORGE
Address	3903 NORTHDALE BLVD	Address	14025 NW 60TH AVENUE
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	MIAMI LAKES FL 33014

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: ROXANNE KOSARZYCKI

SECRETARY

04/13/2017 Date

Date

Electronic Signature of Signing Officer/Director Detail