

**2018 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 CAVALLARO, BRIAN  
Address 14025 NW 60TH AVENUE  
City-State-Zip: MIAMI LAKES FL 33014

Title T  
Name PAUCIULLO, FRANK J  
Address 14025 NW 60TH AVENUE  
City-State-Zip: MIAMI LAKES FL 33014

Title VS  
Name KOSARZYCKI, ROXANNE  
Address 3903 NORTHDALE BLVD  
City-State-Zip: TAMPA FL 33624

Title C  
Name COOPER, DANIEL R  
Address 3903 NORTHDALE BLVD  
STE 200W  
City-State-Zip: TAMPA FL 33624

Title D  
Name BASS, R EDWARD  
Address 3903 NORTHDALE BLVD  
City-State-Zip: TAMPA FL 33624

Title DIRECTOR  
Name CAVALLARO, GEORGE  
Address 14025 NW 60TH AVENUE  
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**

**04/11/2018**

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

\_\_\_\_\_  
Date