FILED

Jan 27, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Secretary of State F98000001757 1. Entity Name 01-27-2002 90035 008 ***150.00 SAXON DEVELOPMENT I, INC. Principal Place of Business Mailing Address 1521 DOLPHIN LANE 1521 DOLPHIN LANE NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 43-1810846 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BACHMANN, JACK Street Address (P.O. Box Number is Not Acceptable) 1521 DOLPHIN LANE NAPLES FL 34102 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE = CR2E034 (9/01) **PSD** ☐ Delete Addition TITLE BACHMANN, JACK NAME NAME 1521 DOLPHIN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME BACHMANN, LINDA NAME STREET ADDRESS 1521 DOLPHIN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Delete TITI F ☐ Change Addition TITLE NAME ROBERTSON, JAMES D NAME STREET ADDRESS 205 ORANGE RIDGE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL 6 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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

JACK J. BACHMANN, 1-7-02, 941-417-