

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90293 029 \*\*\*158.75

**DOCUMENT # K69339**

1. Entity Name  
**BOB SAXON ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
 1500 CORDONA RD #314      1500 CORDONA RD #314  
 FT. LAUDERDALE FL 33316      FT. LAUDERDALE FL 33316  
 US      US

A0007422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 # 314      # 314  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1500 CORDOVA ROAD**      **1500 CORDOVA ROAD**  
 City & State      City & State  
**Ft. Lauderdale FL**      **Ft. Lauderdale FL**  
 Zip      Country      Zip      Country  
**33308**           **33308**           US      US

4. FEI Number      Applied For  
**65-0106615**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SAXON, ROBERT E**  
**1500 CORDOVA ROAD, # 214**  
**FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent  
 Name: **Robert E SAXON**  
 Street Address (P.O. Box Number is Not Acceptable): **2741 NE 37 DRIVE**  
 City: **Ft. Lauderdale**      FL      Zip Code: **33308**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>SAXON, ROBERT E.</b> <b>2741 NE 37TH DRIVE</b> <b>FORT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS</b> <b>SAXON, KAROLYN</b> <b>2741 NE 37TH DR.</b> <b>FT. LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FAY, KATHLEEN A.</b> <b>3677 HIGH POINT DR</b> <b>CORAL SPRINGS FL 33065</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert E SAXON**      1/12/2000      954-760-5801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #