

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K69339

1. Entity Name

BOB SAXON ASSOCIATES, INC.

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

01-19-2000 90293 029 ***158.75

Principal Place of Business

Mailing Address

1500 CORDONA RD #314
FT. LAUDERDALE FL 33316
US

1500 CONDONA RD #314
FT. LAUDERDALE FL 33316
US

A0007422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

314

3. Mailing Address

314

Suite, Apt. #, etc.

1500 CORDOVA ROAD

Suite, Apt. #, etc.

1500 CORDOVA ROAD

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33308

Country

Zip

33308

Country

4. FEI Number

65-0106615

Applied For

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E Saxon
Robert E SAXON

Date

1/12/2000 954-760-5801

Daytime Phone #