

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010738

1. Entity Name

ARCHIVES INTERNATIONAL LLC

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90387 005 ****50.00

Principal Place of Business

12767 PINEACRE LN
WELLINGTON FL 33414

Mailing Address

12767 PINEACRE LN
WELLINGTON FL 33414

2. Principal Place of Business

1330 N. Military Trail

3. Mailing Address

PO BOX 212247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL.

City & State

Royal Palm Beach, FL.

Zip

33409

Country

USA

Zip

33421-2247

Country

USA

4. FEI Number

65-1118316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAXON, DWIGHT
12767 PINEACRE LN
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 *Dwight Saxon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE member
NAME Saxon Archive Centers, Inc
STREET ADDRESS 12767 Pineacre Ln
CITY-ST-ZIP Wellington, FL 33414 ☐ Delete

TITLE member
NAME Steven M. Gaffney
STREET ADDRESS PO Box 1607
CITY-ST-ZIP Lake Worth, FL 33460 ☐ Delete

TITLE member
NAME Marlene S. Gaffney
STREET ADDRESS PO Box 1607
CITY-ST-ZIP Lake Worth, FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Dwight Saxon* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/02 (561) 471-3700

Date

Daytime Phone #