

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017969

1. Entity Name

SAXON ARCHIVES CENTERS, LLC

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90220 009 ****50.00

0015287

Principal Place of Business

12767 PINEACRE LN
WELLINGTON FL 33414

Mailing Address

12767 PINEACRE LN
WELLINGTON FL 33414

966542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

COOPER, C.R.
5350 10TH AVE. N. STE 8
LAKE WORTH FL 33463

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME DWIGHT SAXON
STREET ADDRESS 12767 PINEACRE LANE
CITY-ST-ZIP WELLINGTON, FL. 33414

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

TITLE MGRM ☐ Delete
NAME CONNIE R. SAXON
STREET ADDRESS 12767 PINEACRE LANE
CITY-ST-ZIP WELLINGTON, FL. 33414

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

TITLE MGRM ☐ Delete
NAME JOSH D SAXON
STREET ADDRESS 12767 PINEACRE LANE
CITY-ST-ZIP WELLINGTON, FL. 33414

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

4-30-02 561-793-5525

CR2E083 (9/01)