

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P18782**1. Entity Name
SAXON TRADING CORPORATIONPrincipal Place of Business
1011 APOLLO WAY
INCLINE VILLAGE NV 89451Mailing Address
1011 APOLLO WAY
INCLINE VILLAGE NV 894512. Principal Place of Business
403 STARGATE WAY3. Mailing Address
403 STARGATE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SEQUIM WACity & State
SEQUIM WA4. FEI Number
65-0034665
Applied For
Not ApplicableZip
98382

Country

Zip
98382

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SEIDLER, HOWARD
10491 NW 3RD PLACE
CORAL SPRINGS FL 33071**7. Name and Address of New Registered Agent**Name
SEIDLER HOWARD
Street Address (P.O. Box Number is Not Acceptable)
10491 NW 3RD PLACE
City
CORAL SPRINGS FL Zip Code
33071

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 **HOWARD SEIDLER****04/30/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME SEIDLER, WILLIAM ☐ Delete
STREET ADDRESS
1011 APOLLO WAY
CITY-ST-ZIP INCLINE VILLAGE NVTITLE
NAME PD SEIDLER, HOWARD ☐ Delete
STREET ADDRESS
10491 NW 3RD PLACE
CITY-ST-ZIP CORAL SPRINGS FLTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME SEIDLER WILLIAM ☒ Change ☐ Addition
STREET ADDRESS
403 STARGATE WAY
CITY-ST-ZIP SEQUIM WA 98382TITLE
NAME PD SEIDLER, HOWARD ☒ Change ☐ Addition
STREET ADDRESS
10491 NW 3RD PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33071TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: WILLIAM SEIDLER

V

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)