

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90457 014 ***150.00

DOCUMENT # P92000007387

1. Entity Name
SAXON SERVICES, INC.

Principal Place of Business

**107 JUNIPER ST
 NICEVILLE FL 32578**

Mailing Address

**POST OFFICE BOX 5
 NICEVILLE FL 32588-0005**

2. Principal Place of Business

281 WAVA AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NICEVILLE FL

City & State

Zip

Country

32578

Country

USA

4. FEI Number

59-3156793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SAXON, K. WARD III
 107 JUNIPER ST
 NICEVILLE FL 32578**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	SAXON, K. WARD III	
STREET ADDRESS	107 JUNIPER STREET	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, MARY E.	
STREET ADDRESS	250 WAVA AVENUE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SAXON, FLORA S.	
STREET ADDRESS	281 WAVA AVENUE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAXON, CELESTE S.	
STREET ADDRESS	107 JUNIPER STREET	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DARRELL	
STREET ADDRESS	250 WAVA AVENUE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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:

K. Ward III Saxon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

(850) 243-3163
 Daytime Phone

CR2E034 (9/01)