

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91905 048 ***150.00

0631422 AT

DOCUMENT # P92000007387

1. Entity Name
SAXON SERVICES, INC.



Principal Place of Business
**281 WAVA AVENUE
NICEVILLE FL 32578**

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



2. Principal Place of Business

3. Mailing Address

281 WAVA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NICEVILLE, FL

4. FEI Number **59-3156793**

Applied For

Not Applicable

Zip

Country

32578

Country

OKALOOSA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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)

247 WAVA AVENUE

City

NICEVILLE

FL

Zip Code

32578

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

K. Ward Saxon III
K. WARD SAXON III
4/30/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	247 WAVA AVENUE	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

K. Ward Saxon III
K. WARD SAXON III

Date

4/30/03

Daytime Phone #

(850) 729-0681

CR2E034 (10/02)