2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# P94000088958

Entity Name: SAXON ARCHIVE CENTERS, INC.

Current Principal Place of Business:

1330 N. MILITARY TRAIL
32 C
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

12767 PINE ACRE LANE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0545126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPLAN & BLOOM, P.A.
3900 WOODLAKE BLVD.,
SUITE 212
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAXON, CONNIE R
Address: 12767 PINE ACRE LN
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete
Name: SAXON, DWIGHT
Address: 12767 PINE ACRE LN
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWIGHT SAXON DS 04/28/2003

Electronic Signature of Signing Officer or Director Date