

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093851

1. Entity Name

SAXY RECORDS, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90033 032 \*\*\*150.00

Principal Place of Business

Mailing Address

1287 BLUEBIRD  
MARCO ISLAND FL 34145  
US

1287 BLUEBIRD  
MARCO ISLAND FL 34145-2811  
US

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

31-1430089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, ROBERT B  
1287 BLUEBIRD  
MARCO ISLAND FL 34145

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	SNYDER, ROBERT B.	
STREET ADDRESS	1287 BLUEBIRD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SNYDER, JANET	
STREET ADDRESS	1287 BLUEBIRD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIMPERT, JOHN	
STREET ADDRESS	856 TURNBRIDGE	
CITY-ST-ZIP	NAPERVILLE IL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SNYDER, ROBERT B	
STREET ADDRESS	1287 BLUEBIRD	
CITY-ST-ZIP	MARCO ISLAND FL 34415	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELLEY, ERNEST	
STREET ADDRESS	2287 LATHRUP	
CITY-ST-ZIP	DETROIT MI	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSON, ERIC	
STREET ADDRESS	243 HARBOR	
CITY-ST-ZIP	PT CHARLOTTE FL 33954	

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		
STREET ADDRESS		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-00

941-642-8670

CR2E034 (9/99)