

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90135 038 ***150.00

DOCUMENT # P94000093851

1. Entity Name
SAXY RECORDS, INC.



Principal Place of Business
**1287 BLUEBIRD
MARCO ISLAND FL 34145
US**

Mailing Address
**1287 BLUEBIRD
MARCO ISLAND FL 34145
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 31-1430089		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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

SIGNATURE Robert B. Snyder

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

(NOTE: Registered Agent signature required when reinstating)

2-18-03
DATE

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, ROBERT B.	NAME	
STREET ADDRESS	1287 BLUEBIRD	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, JANET	NAME	
STREET ADDRESS	1287 BLUEBIRD	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTMAN-WALLER, M. V.	NAME	
STREET ADDRESS	THE PITTMAN RANCH	STREET ADDRESS	
CITY-ST-ZIP	UTOPIA TX 78884	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, ROBERT B	NAME	
STREET ADDRESS	1287 BLUEBIRD	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, ERNEST	NAME	
STREET ADDRESS	2287 LATHRUP	STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPRA, JULIE	NAME	
STREET ADDRESS	7464 S DEXTER WAY	STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO 80122	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 an other like empowered.

SIGNATURE: Robert B. Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-03 239-642-8570
Date Daytime Phone #

CR2E034 (10/02)