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05-30-2003 90486 001 ***450.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057485 (L)

1. Entity Name
Saxon Realty, Inc.



55047446

DO NOT WRITE IN THIS SPACE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15002 NW 145 Terr.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 817
 Suite, Apt. #, etc.

City & State
Alachua, FL

City & State
Alachua, FL

4. FEI Number
59-3393643

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Saxon, Jr. Cole L.

Street Address (P.O. Box Number Is Not Acceptable)
15002 NW 145 Terr.

City
Alachua FL Zip Code
32615

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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when registering)

January 1 - May 1 Fee is \$180.00
 After May 1, Fee is \$220.00
 Amended UBR is \$95.25
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>Saxon, Jr. Cole L.</u> <u>15002 NW 145 Terr.</u> <u>Alachua, FL 32615</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: 5/15/03 386
Signature and typed or printed name of signing officer or director

CR2E004B (12/02)