## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P98000060428 DOCUMENT #

1. Entity Name

SALEM SAXON REALTY, INC.



## **FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90136 048 \*\*\*150.00

Principal Place 101 E KENNED TAMPA FL 336	y BLVD Ste 3200	101 E	Mailing Address 101 E KENNEDY BLVD., STE 3200 TAMPA FL 33602									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 59-3522904				Applie Not A	ed For oplicable
Zip	Country	Zip	Zip Coun			5. 0	Certificate of Stat	us Desired		<b>\$8.75</b> Fee Req		nal
	6. Name and Address of Curre	nt Register	ed Agent			7. N	lame and Addre	ss of New R	egistered	l Agent		
	- many and many or yarre		· · · · · · · · · · · · · · · · · · ·		Name							-
SAXON, BERNICE S ESQ 101 E KENNEDY BLVD., STE 3200					Street Address (P.O. Box Number is Not Acceptable)							
TAMPA FL	33602											
					City		-		F	L Zip (	Code	
the obligat	named entity submits this statement ions of registered agent.  Signature, typed or printed name of registered agent.  ILE NOW!!! FEE IS \$150.00					re required when re			DATE			May Be
	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department						Trust Fun-	d Contributio	n.	□ A	ded to	Fees
10.	OFFICERS AN	ID DIRECTO	ORS	11.		AD	DITIONS/CHAN	GES TO OFF	ICERS AN	ND DIRECT	ORS IN	<b>1</b> 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAXON, BERNICE S 101 E KENNEDY BLVD., STE 3 TAMPA FL 33602	200	☐ Delete							☐ Cha	nge (	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SALEM, RICHARD J 101 E KENNEDY BLVD., STE 3 TAMPA FL 33602	200	☐ Delete		=					□ Cha	nge [	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUIZ, ALFRED 101 E KENNEDY BLVD., STE 3 TAMPA FL 33602	200	<b>XX</b> Delete			101	n, Robe E. Kenn a, FL	edy Bl	.vd.,	¥¥Cha		Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Delete							☐ Cha	nge [	Addition

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.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

TITLE

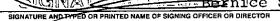
NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



☐ Delete

☐ Delete

POCOLBORICE S. Saxon, Sec.

813-222-3288 1/22/03

Daytime Phone #

Change

Change

☐ Addition

☐ Addition