

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90203 001 ***450.00

DOCUMENT # M95495

1. Entity Name
OXFORD FINANCIAL INC.

Principal Place of Business
 6681 49TH STREET NORTH
 PINELLAS PARK FL 33781
 US

Mailing Address
 6681 49TH STREET NORTH
 PINELLAS PARK FL 33781
 US

38684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2948101**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HALPRIN, DAVID A.
6681 49TH STREET NORTH
PINELLAS PARK FL 33781

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

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, 2001 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	
TITLE	D <input type="checkbox"/> Delete
NAME	BRAME, ELAINE J.
STREET ADDRESS	5751 APPLECROSS
CITY-ST-ZIP	ST PETERSBURG FL 33709
TITLE	D <input type="checkbox"/> Delete
NAME	SEGREDO, SHARON R
STREET ADDRESS	6681 49TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK FL 33781
TITLE	PD <input type="checkbox"/> Delete
NAME	HALPRIN, DAVID A
STREET ADDRESS	6681 49TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK FL 33781
TITLE	DVP <input type="checkbox"/> Delete
NAME	HALPRIN, MICHAEL J
STREET ADDRESS	6681 49TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK FL 33781
TITLE	DST <input type="checkbox"/> Delete
NAME	HALPRIN, LAURA A
STREET ADDRESS	6681 49TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK FL 33781
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	
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: Elaine J. Brame Elaine J, Brame 4/18/01 727 521 4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)