

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90780 001 ***150.00

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**



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 **59-2948101**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8:75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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	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		

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
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
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: Signature Required **David A. Halprin, Pres.** 4/28/03 (727) 521-4664

CR2E034 (10/02)