FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am **Secretary of State** 557046 DOCUMENT # 1. Entity Name 02-11-2002 90084 050 ***150.00 OXFORD INDUSTRIES, INC. Principal Place of Business Mailing Address 6868 118TH AVE N 6868 118TH AVE N **LARGO FL 33773** LARGO FL 33733 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1793112 Not Applicable Country Zip 7in Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Carl G. Freeburg FREEBURG, ALFRED G Street Address (P.O. Box Number is Not Acceptable) 6868 118TH AVENUE NORTH LARGO FL 34643 6868 118th Ave. N. City Zip Code FL 33773 Largo 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 Carl G. Freeburg , President SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Change ☐ Addition □ Delete TITLE NAME FREEBURG, CARL G NAME STREET ADDRESS 6868 118TH AVE N STREET ADDRESS CITY-ST-ZIP **LARGO FL 33773** CITY-\$T-ZIP TITLE X Delete ☐ Change ☐ Addition FREEBURG, ALFRED G NAME NAME STREET ADDRESS STREET ADDRESS 6868 118TH AVE N CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 Addition TITLE ☐ Delete TITLE -☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 either like empowered. CarliG. Freeburg President 1-24-2002727-546-0077 SIGNATURE:

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

(9/01) CR2E034