

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005713

1. Entity Name
OXBOW INVESTMENTS, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90081 017 ***150.00

Principal Place of Business
3049 CLEVELAND AVE., STE 100
FT. MYERS FL 33901

Mailing Address
3049 CLEVELAND AVE., STE 100
FT. MYERS FL 33901

UUUUU6834



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. BOX 50064
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 50064
 Suite, Apt. #, etc.

City & State
FT. MYERS FL.
 Zip
33994-0064
 Country
USA

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4. FEI Number **88-0433331**

Applied For
 Not Applicable

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

ERWIN, RAY
3049 CLEVELAND AVE., STE 100
FT. MYERS FL 33901

ADDRESS CHANGED ONLY

Name
RAY ERWIN
 Street Address (P.O. Box Number is Not Acceptable)
14568 RIVERSIDE DR.
 City **FT. MYERS** FL Zip Code **33905**

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 *[Signature]*
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/13/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JONES, GERALDINE A 14568 RIVERSIDE DR. FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ERWIN, RAY R 14568 RIVERSIDE DR. FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)