

63 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FD200000D2430**

1. Entity Name

Oxford Collection Agency, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
135 Maxess Road

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Melville, NY 11747

City & State

4. FEI Number
113389815

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City **Tallahassee** FL Zip Code **32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Patrick Pinto
135 Maxess Road
Melville, NY 11747**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice President
Charles Harris
135 Maxess Road
Melville, NY 11747**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary/Treasurer
Peter Pinto
135 Maxess Road
Melville, NY 11747**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
Patrick Pinto
135 Maxess Road
Melville, NY 11747**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**OFFICER/MANAGER
CHRISTINE HARRIS
135 MAXESS RD.
MELVILLE, NY 11747**

TITLE
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Christine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1, 2003
Date

Daytime Phone #

CR2E034B (12/02)

277/28