

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

0361594 AV

DOCUMENT # G25482

1. Entity Name
OXFORD MANUFACTURING, INC.

02-12-2002 90111 038 ***150.00

Principal Place of Business

**7233 SOUTHERN BLVD
W PALM BEACH FL 33413**

Mailing Address

**7233 SOUTHERN BLVD
W PALM BEACH FL 33413**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7233 SOUTHERN BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2320467**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROY, DAVE K ESQ
VILLAGE COMMERCE CENTER
400 COLUMBIA DR, STE 300
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	MASTER, SHERRILL	
STREET ADDRESS	7233 SOUTHERN BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	V	<input type="checkbox"/> Delete
NAME	JEAN-CHARLES, PHILLIPE	
STREET ADDRESS	7233 SOUTHERN BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	AV	<input type="checkbox"/> Delete
NAME	MASTER, DAVE	
STREET ADDRESS	7233 SOUTHERN BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	TS	<input type="checkbox"/> Delete
NAME	NEWTON, PETER	
STREET ADDRESS	7233 SOUTHERN BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEO, TREASURER & SECRETARY
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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)