

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 000000086956

1. Entity Name

OXY, INC.

FILED

02 OCT 31 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

352 E 150th Avenue

Suite, Apt. #, etc.

3. Mailing Address

352 E 150th Avenue

Suite, Apt. #, etc.

**REINSTATEMENT** 01-02  
DO NOT WRITE IN THIS SPACE

City & State  
Madeira Beach

City & State  
Madeira Beach

4. FEI Number  
59-3674681

Applied For  
☐ Not Applicable

Zip  
33708

Country  
US

Zip  
33708

Country  
US

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 Richard M. Georges

Street Address (P.O. Box Number is Not Acceptable)  
360 EAST AVE. NO.

City ST. PETERSBURG **FL** Zip Code 33713

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

John Oliveira Richard M. Georges 9-10-02  
(NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P/S/D</u> <u>John Oliveira</u> <u>352 E 150th Avenue</u> <u>Madeira Beach, FL 33708</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>2000008731722</u> <u>10/31/02--01080--002</u> <u>**300.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John Oliveira 9/10/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)

9/11/02