

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

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90004 044 ***150.00

DOCUMENT # P01000100598

1. Entity Name

Oxebridge Quality Resources, Inc. ✓

812004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1025 W. Lake Hamilton Dr.

3. Mailing Address

1025 W Lake Hamilton Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEL Number

65-1158207

Applied For

Not Applicable

Zip
33881

Country
Polk

Zip
33881

Country
Polk

5. Certificate of Status-Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mark Turner

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

255 Magnolia Ave. SW

City

Winter Haven

FL

Zip Code

33880

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
D
Susan J. Hicks
1025 W. Lake Hamilton Dr
Winter Haven, FL 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Christopher M. Paris
1025 W Lake Hamilton Dr
Winter Haven, FL 33881

TITLE
NAME
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CITY-ST-ZIP

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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:

Susan J. Hicks

7/2/02 863-401-3032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
ID#P01W1W598

972584

Oxebridge Quality Resources, Inc.
1025 W. Lake Hamilton Drive
Winter Haven, FL 33881

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

We are filing the Uniform Business Report late because we never received one when we become a corporation at the beginning of the year.

Sincerely,



Susan J. Hicks
Directors
Oxebridge Quality Resources, Inc.