

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005179

FILED
Apr 28, 2003
Secretary of State

Entity Name: OASIS RANCH, INC.

Current Principal Place of Business:

4161 NORTHWEST 43RD STREET
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4161 NORTHWEST 43RD STREET
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 65-1033320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIZZARELLO, ELIZABETH L
4161 NORTHWEST 43RD STREET
COCONUT CREEK, FL 33073

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PIZZARELLO, ELIZABETH L
Address: 4161 NORTHWEST 43RD STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: BOIVIN, WILLIAM
Address: 4161 NORTHWEST 43RD STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: KEISER, BELINDA
Address: C/O KEISER COLLEGE 1500 N.W. 49TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S () Delete
Name: HAMMEL, NELLIE
Address: 960 CRYSTAL LAKE DRIVE #205
City-St-Zip: DEERFIELD BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIZZARELLO, ELIZABETH

D

04/28/2003

Electronic Signature of Signing Officer or Director

_____ Date