

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90145 048 ***550.00

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DOCUMENT # **P98000015569**

1. Entity Name

OASIS OUTSOURCING BENEFITS, INC.



Principal Place of Business
4400 N. CONGRESS AVENUE
SUITE 250
WEST PALM BEACH FL 33407

Mailing Address
4400 N. CONGRESS AVENUE
SUITE 250
WEST PALM BEACH FL 33407



2. Principal Place of Business

3. Mailing Address

same as above *same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0815895**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE WACKENHUT CORP., ATTN: LEGAL DEPT.
4200 WACKENHUT DRIVE #100
PALM BEACH GARDENS FL 33410-4243

Name *Oasis Outsourcing Attn: Terry Mayotte*
Street Address (P.O. Box Number is Not Acceptable)

4400 N. Congress Ave 250
City *West Palm Beach* FL *33407*

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.

Terry Mayotte

(NOTE: Registered Agent signature required when reinstating)

7/17/03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACKENHUT, GEORGE R 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACKENHUT, RICHARD R 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KNEIP, ROBERT C 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS FL 33410-4243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT MAYOTTE, TERRY P 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS FL 33410-4243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GREEN, IAN A 4200 WACKENHUT DR #100 PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Semi Maymneh</i> 1001 Brickell Bay Dr. Miami, FL 3340 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Charles Henemann</i> 1001 Brickell Bay Dr. Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD</i> 4400 N. Congress Ave 250 West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CFOTID</i> 4400 N. Congress Ave 250 West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> Stephen Melvin 4400 N. Congress Ave 250 WPB, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD</i> Rick Rosen 1001 Brickell Bay Dr. Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Terry Mayotte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (4/03)