

2000 UNIFORM BUSINESS REPORT (UBR)

6/28/00

DOCUMENT # P98000091439
1. Entity Name
 OASIS Home Care, Inc

06-03-2000 90146 001 ***476.25

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN 28 AM 9:18

Principal Place of Business **Mailing Address**
 5601 Corporate Way 103
 West Palm Beach, FL 33407

2. Principal Place of Business **3. Mailing Address**
 Same

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Same

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **Applied For**
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Colleen Christman-Grauer
 12787 Ellison Wilson Rd
 North Palm Beach, FL
 33408

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 *Colleen Christman-Grauer* **DATE** *May 25, 2000*
Signature, typed or printed name of registered agent and title if applicable. (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)

FILE NOW!!! FEE IS \$150.00
AFTER MAY 1, 2000 Fee will be \$450.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>president</i> <i>Colleen Christman-GRAUER</i> <i>12787 Ellison Wilson Rd</i> <i>N. Palm Beach FL 33408</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>5/25/2000</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Colleen Christman-Grauer* **Date** *5/25/2000* **Daytime Phone #** *561-887-2755*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)