

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F01000006426**

1. Entity Name

OASIS BROADBAND SOLUTIONS, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90170 039 ***150.00

Principal Place of Business

**720 N. DRIVE
MELBOURNE FL 32903**

Mailing Address

**720 N. DRIVE
MELBOURNE FL 32903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3750235

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

**KAHN, MICHAEL
482 N. HARBOR CITY BLVD.
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHEPPARD, JIMMY R	
STREET ADDRESS	720 MISSOURI ST.	
CITY-STATE-ZIP	W. MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRITZ, ALLEN E	
STREET ADDRESS	1770 WEKIVA DR.	
CITY-STATE-ZIP	MELBOURNE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRITZ, DENNIS E	
STREET ADDRESS	504 LAKE VICTORIA CR.	
CITY-STATE-ZIP	MELBORUNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, LINDSEY	
STREET ADDRESS	101 TOURNAMENT DR.	
CITY-STATE-ZIP	HORSHAM PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

SIGNATURE REQUIRED**Dennis E Fritz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

301-242-0000

2/4/02

CR2E034 (9/01)