2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90142 048 ***150.00

DOCUMENT # H58386

1. Entity Name

OASIS LODGING, INC.

Principal Place of Business	Mailing Address
~~6454 INTERNATIONAL DR.~~ ~~ORLANDO FL 32819~~	~~6454 INTERNATIONAL DR.~~ ~~ORLANDO FL 32819~~

000426JJ

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7582 Sand Lake Rd	7582 Sand Lake Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando FL
Zip: 32819 Country:	Zip: 32819 Country:

4. FEI Number 59-2546468 ☐ Applied For ☐ Not Applicable

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
PORTLOCK, DAVID R 7345 SAND LAKE RD., #412 ORLANDO FL 32819	Name Street Address (P.O. Box Number is Not Acceptable) City ST 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: _____
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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	PD MAALI, JESSE ~~6454 INTERNATIONAL DRIVE~~ ~~ORLANDO FL 32819~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7582 Sand Lake Rd Orlando FL 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PORTLOCK, DAVID R 7435 SAND LAKE RD., #412 ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MAALI, JAMAL ~~5627 MASTERS BLVD~~ ~~ORLANDO FL 32819~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2612 Clementon Park Ct. Orlando, FLA 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAALI, MOHAMMAD 6289 INDIAN MEADOW ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: DAVID R PORTLOCK 4.20.01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Business Phone # 407 352 7006