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

SIGNATURE:

NATURE AND TYPED OR PRINTED

## Jan 27, 2003 8:00 am **Secretary of State** J18715 DOCUMENT # 01-27-2003 90179 045 \*\*\*150.00 1. Entity Name ISLAND OASIS OF TAMPA BAY, INC. Principal Place of Business Mailing Address 48947 US HAY 18H 6215 STONE Rd #10 70014256 P.O. BOX 1699 SUITE-101 TARPON-SPRINGS FL 34688-1698 POTTRICKEY FL. 34668 UŞ 2. Principal Place of Business 3. Mailing Address 6215 Stone P.O BOX 1130 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number 59-2688571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Plus LAMPE. JAMES H. ( Street Address (P.O. Box Number is Not Acceptable) 989 WESTWINDS BLVD. TARRON SPRINGS FL 04689 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. (New ) Address 🗆 Delete TITLE TITLE 6215 Store Rd. ste #10 LAMPE, JAMES H JR # NAME 6215 STONE Rd., Ste 10 STREET ADDRESS STREET ADDRESS PORT RICKY FL. 34668 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE LAMPE, JAMES H SR. NAME NAME 1909 5 Riverside DR Unit #10 9719 WILDERNESS BLVD: WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIE PARRICH FL 04240 CITY-ST-ZIP Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED