

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90273 002 ***150.00

DOCUMENT # *K93725*
1. Entity Name
OASIS IRRIGATION DESIGN, INC.

Principal Place of Business **Mailing Address**
3416 HEARTWOOD LANE 3416 HEARTWOOD LANE
MELBOURNE, FL MELBOURNE, FL
32934 32934

AUUB6640

2. Principal Place of Business **3. Mailing Address**
3416 HEARTWOOD LANE 3416 HEARTWOOD LANE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**
MELBOURNE, FL MELBOURNE, FL
Zip **Country** **Zip** **Country**
32934 US 32934 US

4. FEI Number **Applied For**
59-2955845 **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KATRINA E. NIES
3365 FORT SUMTER ST.
MELBOURNE, FL 32934

7. Name and Address of New Registered Agent
Name *LYNNE MILLS*
Street Address (P.O. Box Number is Not Acceptable)
3416 HEARTWOOD LANE
City *MELBOURNE* **FL** **Zip Code** *32934*

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 *Lynne K Mills* *Lynne K. Mills* *4/24/01*
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

| | |
|-------------------------------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| <i>P</i> <i>KATRINA E. NIES</i> <i>3365 FORT SUMTER ST.</i> <i>MELBOURNE, FL 32934</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 807, 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: *Katrina E. Nies* *4/24/01* *(321) 255-9975*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KATRINA E. NIES, P

CR2E034 (11/00)