

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90105 047 \*\*\*\*\*50.00

**DOCUMENT # L02000019063**

1. Entity Name  
**THE OASIS GROUP, LLC.**



**Principal Place of Business**

625 FAYETTE DRIVE SOUTH  
SAFETY HARBOR FL 34695  
US

**Mailing Address**

625 FAYETTE DRIVE SOUTH  
SAFETY HARBOR FL 34695  
US

**2. Principal Place of Business**

**28870 U.S. 19 NORTH**

Suite, Apt. #, etc.

**SUITE 324**

City & State

**CLEARWATER FL**

Zip  
**33761**

Country

**PINELLAS**

**3. Mailing Address**

**2519 McMULLEN BOOTH ROAD**

Suite, Apt. #, etc.

**SUITE 510-298**

City & State

**CLEARWATER, FL**

Zip  
**33761**

Country

**PINELLAS**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**16-1618463**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MERKER, LES**  
**625 FAYETTE DRIVE SOUTH**  
**SAFETY HARBOR FL 34695**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM**  
**MERKER, LES**  
**625 FAYETTE DRIVE SOUTH**  
**SAFETY HARBOR FL 34695**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM**  
**ROBINSON, JEFF W**  
**104 LAKEVIEW COURT**  
**OLDSMAR FL 34677**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

SIGNATURE:

*LES MERKER*  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/8/03 727-797-5303**

CR2E083 (10/02)