

**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
2579 McMULLEN BOOTH ROAD
Suite, Apt. #, etc.
SUITE 510-298
City & State
CLEARWATER, FL
Zip
33761 Country
PINELLAS



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MERKER, LES
625 FAYETTE DRIVE SOUTH
SAFETY HARBOR FL 34695

4. FEI Number
16-1618463

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 _____ (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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, JEFF W 104 LAKEVIEW COURT OLDSMAR FL 34677 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)