

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N46333

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: THE OASIS CENTER, INC.

Current Principal Place of Business:

1314 ROWELL STREET
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 252
KATHLEEN, FL 33849 US

New Mailing Address:

FEI Number: 59-3098174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, TIM
424 H BANANA CAY
SOUTH DAYTONA, FL 32119 US

Name and Address of New Registered Agent:

FISHER, ELIZABETH
935 PROVIDENCE RESERVE LOOP
106
LAKELAND, FL 33805 US

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: ELIZABETH FISHER

04/29/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACFAWN, GLORIA,
Address: 4810 SHADY GLEN DR
City-St-Zip: LAEKLAND, FL

Title: D () Delete
Name: MACFAWN, MARK,
Address: 4810 SHADY GLEN DR
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: ROBINSON, ESSINA,
Address: 1233 CADILLAC DR
City-St-Zip: DAYTONA BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MACFAWN, GLORIA,
Address: 950 PROVIDENCE RESERVE LOOP
City-St-Zip: LAEKLAND, FL 33805

Title: D (X) Change () Addition
Name: MACFAWN JR., MARK,
Address: 950 PROVIDENCE RESERVE LOOP #107
City-St-Zip: LAKELAND, FL 33805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA MACFAWN

D

04/29/2002

Electronic Signature of Signing Officer or Director

Date