FILED

Apr 11, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000025289 DOCUMENT

1. Entity Name



04-11-2003 90223 020 ***150.00 OASIS SUN RESORTS, INC. Principal Place of Business Mailing Address 130 SOUTH MAIN STREET 130 SOUTH MAIN STREET WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3714906 Not Applicable Zip Country Zip Country \$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 Name PIZOZZI, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) 130 SOUTH MAIN STREET WINTER GARDEN FL 34787 City 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 \$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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE PIGOZZI, WILLIAM D NAME NAME STREET ADDRESS 130 SOUTH MAIN STREET STREET ADDRESS CITY-ST-71P **WINTER GARDEN FL 34787** CITY-ST-7/P ☐ Delete □ Change ■ Addition TITLE TITLE NAME TISDELL, JASON STREET ADDRESS 130 SOUTH MAIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP winter garden fl. 34787 **Delete** TITLE TITLE ☐ Change ☐ Addition D NAME NAME BOWIE, TY STREET ADDRESS STREET ADDRESS. 130 SOUTH MAIN STREET CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 TITLE ☐ Change Addition TITLE Delete 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 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental year. of the corporation or the reco changed, or on an attachme

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP