2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2004 8:00 am
Secretary of State
01-07-2004 90030 032 ***150.00

DOCUMENT # P00000031421

1. Entity Name
THE OASIS AT ZOLFO SPRINGS, INC.

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44000151

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2. Principal Place of Business	3. Mailing Address
937 SABAL PALM DRIVE	P.O. BOX 526
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: ZOLFO SPRINGS, FLA	City & State: ZOLFO SPRINGS, FLA
Zip: 33890 Country: USA	Zip: 33890 Country: USA

4. FEI Number: 65-0994006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CARABALLO, BRENDA

Street Address (P.O. Box Number is Not Acceptable)

2213 STATE ROAD 17 NORTH

City: SEBRING FL Zip Code: 33870

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P,D
NAME	CARABALLO, RONALD
STREET ADDRESS	P.O. BOX 487
CITY-ST-ZIP	SEBRING, FLA. 33871
TITLE	S,T,D
NAME	CARABALLO, BRENDA
STREET ADDRESS	P.O. BOX 487
CITY-ST-ZIP	SEBRING, FLA. 33870

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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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda Caraballo 1/4/03 863-735-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BRENDA CARABALLO