

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91344 027 ***150.00

DOCUMENT # P00000054015

1. Entity Name

OASIS INSURANCE AGENCY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1310 W. COLONIAL DRIVE

Suite, Apt. #, etc.

20

City & State

ORLANDO, FL.

Zip

32804

Country

ORANGE

3. Mailing Address

1310 W. COLONIAL DR

Suite, Apt. #, etc.

20

City & State

ORLANDO, FL.

Zip

32804

Country

ORANGE

4. FEI Number

58-2497750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SHERMAN VILSAINK SR

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

1534 PRESIDIO DRIVE

City

CLERMONT

FL

Zip Code

34711

**DO NOT WRITE
IN THIS SPACE**

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 Sherman Vilsaink Sr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 SHERMAN VILSAINK SR
NAME
STREET ADDRESS 1534 PRESIDIO DRIVE
CITY-ST-ZIP CLERMONT, FL. 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NESLY JOSEPH
NAME
STREET ADDRESS 1534 PRESIDIO DRIVE
CITY-ST-ZIP CLERMONT, FL. 34711

TITLE
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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: Sherman Vilsaink Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-13-02

Date

(407) 648-8083

Daytime Phone #

CR2E034B (12/01)