NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90462 001 ***158.75

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DOCUMENT # P00000054015

1. Entity Name
Oasis Insurance Agency, Inc. DBA/ FEDUSA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5625 South Orange Blossom Trail	5625 South Orange Blossom Trail
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: A
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32839 Country: U S A	Zip: 32839 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2497750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sherman Vilsaint Sr.

Street Address (P.O. Box Number is Not Acceptable): 1534 Presidio Drive

City: Clermont FL Zip Code: 34711-6552

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: Sherman Vilsaint Sr. DATE: 03/12/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/Sherman Vilsaint Sr. 1534 Presidio Drive Clermont, Fl 34711-6552
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer/ Nesly Joseph 1534 Presidio Drive Clermont, Fl 34711-6552
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherman Vilsaint Sherman Vilsaint Sr. 03/12/2003 (407) 648-8083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #