## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000066813

1. Entity Name

L'OASIS BUILDERS INCORPORATED



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90112 042 \*\*\*150.00

2. Price place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  A. FEI Number 65-1024449  Applied For Mod Applicable  \$8.75 Additional Face Required  Name  Name  Name  Street Address of New Registered Agent  City  FL Zio Code  File Required  File Now!!! FEE Is \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check People for fording Department of State  10. City: File Now!!! FEE Is \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check People for Fording Department of State  10. City: File Now!!! FEE Is \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check People for Fording Department of State  10. City: File Now!!! FEE Is \$150.00  After May 1, 2003 Fee will be \$550.00  After May	Principal Place of Business 16887 WEST GLASGOW DRIVE LOXAHATCHEE FL 33470		11328 STE 2	Mailing Address 11328 OKEECHHOBEE BLVD STE 2 ROYAL PALM BEACH FL 33411							
City & State  City & State  City & State  City & State  Country  Country  A Policial of Status Desired  S. Carrificate of Status Desired  Sea Visual Additions  Size of Additions  Si	2. Principal Place of Business		<b>3.</b> Mai	3. Mailing Address							
Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75. Additional Fee Required   S8.75. Additional Fee Required   Fee R	Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional Price Required   S8.75 Additional Price Required   PAGANELLO, GARY   18887 WEST GLASSOW DRIVE   LOXAHATCHEE FL 33470   City   FL   Zip Code	City & State			& State		4. FE! Number 65-1024449		-		-	
PAGANELLO, GARY 16887 WEST GLASGOW DRIVE LOXAHATCHEE FL 33470  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Or obligatio	Zip Country			Zip C		Country				75 Additional	
PAGANELLO, GARY 18887 WEST GLASGOW DRIVE LOXAHATCHEE FL 33470  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar		6. Name and Address of Curre	nt Registere	ed Agent			7. N	Name and Address of New Registered Ag	jent		1
1887 WEST GLASGOW DRIVE LOXAHATCHEE FL 33470    City	,				Name					ľ	
Self-control   Self	PAGANELLO, GARY				Street Address (P.O. Box Number is Not Acceptable)					1	
Entry State of Fiords. I am tamiliar with, and accept the obligations of registered agent.    City   FL   Zio Code	16887 WEST GLASGOW DRIVE										
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	LOXAHATO	CHEE FL 33470									
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. Tam familiar with, and accept the obligations of registered agent.    SIGNATURE						City		FL	Zip Co	de	1
FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	the obligat	ions of registered agent.	for the purp	pose of changing its	s registere	L ed office or regis	tered age	ent, or both, in the State of Florida. I am fa	miliar with	n, and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if app	olicable. (NOT	E: Registere	d Agent signature requ	ired when re	sinstating) DATE			1
TITLE NAME PAGANELLO, GARY 18887 WEST GLASGOW DRIVE LOXAHATCHEE FL 33470  TITLE NAME STRET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STRET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	After	May 1, 2003 Fee will be \$550.0						Trust Fund Contribution.	Adde	ed to Fees	
NAME STREET ADDRESS CITY-ST-ZIP  PAGANELLO, GARY 18887 WEST GLASGOW DRIVE LOXAHATCHEE FL 33470  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		ID DIRECTO		_		AD				ء -
STREET ADDRESS CITY-ST-ZIP  VD KOEHLER, WERNER N STREET ADDRESS CITY-ST-ZIP  VITILE VAGAGO 129TH AVENUE VEST PALM BEACH FL 33411  VITILE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete					Change	☐ Addition	0/0
CITY-ST-ZIP  LOXAHATCHEE FL 33470  CITY-ST-ZIP  VD  KOFILER, WERNER N  A360 129TH AVENUE  WEST PALM BEACH FL 33411  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP			:			l					17
NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY	-ST-ZIP					يُّ ا
STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411  CITY-ST-ZIP  JOBINE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	VD		☐ Delete	TITL	<u> </u>			Change	☐ Addition	٥
CITY-ST-ZIP WEST PALM BEACH FL 33411  CITY-ST-ZIP  TITLE	NAME					l l					1
Change								·			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					_				Channe	☐ Addition	1
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		a nagety		Delete.			٠	on the second of	C. Onlango		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY	-ST-ZIP					4
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITL	E			☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME					1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTAL NAME STREET ADDRESS CITY-ST-ZIP  TOTAL NAME STREET ADDRESS CITY-ST-ZIP						1					
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			-		——				Change	☐ Addition	┨
STREET ADDRESS CITY-ST-ZIP  TIFLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TIFLE CITY-ST-ZIP  TIFLE NAME STREET ADDRESS CITY-ST-ZIP  TIFLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		<b>I</b>			Onlange		
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	STREET ADDRESS					<b>I</b>					1
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					<b>I</b>		•			
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITL	E			☐ Change	☐ Addition	
C(TY-ST-ZIP CTY-ST-ZIP	NAME		1		NAM	E					
	STREET ADDRESS		//								
	CITY-ST-ZIP		//				<u> </u>	440 07/0/0 5/1-1-1-5	£	:-fa	$\dashv$

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 173(f), Florida Statutes. Figure 1 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/6/03* Date 561-798-8730

Daytime Phone #