

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-09-2002 90012 031 ***150.00

0651090
 AV

| | | | |
|--|----------------------|--|----------------------|
| DOCUMENT # P01000033074 | | | |
| 1. Entity Name OASIS OF LIFE VACATION HOMES, INC. | | | |
| Principal Place of Business 19621 CR 455 CLERMONT FL 34711 | | Mailing Address 19621 CR 455 CLERMONT FL 34711 | |
| 2. Principal Place of Business 19621 CR 455 | | 3. Mailing Address 19621 CR 455 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State CLERMONT FL | | City & State CLERMONT FL | |
| Zip 34711 | Country US | Zip 34711 | Country US |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PIZZARO, CLIMACO J
19621 CR 455
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name **CLIMACO J PIZZARO**
 Street Address (P.O. Box Number is Not Acceptable)
19621 CR 455
 City **CLERMONT** **FL** Zip Code **34711**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 D PSD | <input type="checkbox"/> Delete |
| NAME PIZZARO, CLIMACO J | |
| STREET ADDRESS 19621 CR 455 | |
| CITY-ST-ZIP CLERMONT FL 34711 | |
| TITLE D VTD | <input type="checkbox"/> Delete |
| NAME RODRIGUEZ, LORENZO | |
| STREET ADDRESS 2245 BLACKJACK OAK ST. | |
| CITY-ST-ZIP OCOE FL 34761 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

407 948 0151

Daytime Phone #

CR2E034 (9/01)