

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000058014

1. Entity Name

OASIS GRILL, INC.



Principal Place of Business

320 TAMiami TRAIL
PORT CHARLOTTE FL 33953

Mailing Address

320 TAMiami TRAIL
PORT CHARLOTTE FL 33953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1131671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, CHARLENE
320 TAMiami TRAIL
PORT CHARLOTTE FL 33950

Name

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

City

FL

Zip Code

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

Charlene D. Howard
Signature. Typed or printed name of registered agent and title, if applicable.

CHARLENE D. HOWARD

2-3-04
DATE

(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P HOWARD, CHARLENE
STREET ADDRESS 9294 SNAPPER CIRCLE
CITY - ST - ZIP PORT CHARLOTTE FL 33981

TITLE NAME ☐ Delete
VP HOWARD, DAVID
STREET ADDRESS 9294 SNAPPER CIRCLE
CITY - ST - ZIP PORT CHARLOTTE FL 33981

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000035016
CITY - ST - ZIP 02/06/04-80004-007 150.00

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlene D. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLENE D. HOWARD

Date

Daytime Phone #

2-3-04 941-624-8884
941-743-7822