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

## P01000110529 **DOCUMENT #**

1. Entity Name OASIS FOOD & GAS III, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90200 038 \*\*\*150.00

				WE THE					
Principal Place of Business 1528 SEVEN SPRINGS RD. NEW PORT RICHEY FL 34655			Address IVEN SPRINGS RD. DRT RICHEY FL 34655						
2. Principal Place of Bus	siness	3. Mailir	ng Address			i jagijaal ili setet juan samu sam	<b>46</b> 781 17881 1181		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
Suite, Apr. II, oto:	City & State			4. FE	4. FEI Number 59-3756631 Applied For Nigt Applicable				
City & State	City & State							Applicable	
Zip	Country	Zip		Country	<b>5.</b> C	ertificate of Status Desired		8.75 Addit ee Required	ional
·•					7. N	ame and Address of New Re	egistered A	gent	
	ne and Address of Current R		a Agent	Name		ليستني المواد فمساد بالروجو	<b>3</b> 074 € 0		
BAEZ, JUAN A				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
6224 TOWER DR. HUDSON FL 34667								Zip Code	
				City	registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE Signature, ty	rped or printed name of registered agent a	nd title if app	licable. (NOTE: Re	egistered Agent signature r	required when re		DATE		
After May 1.	W!!! FEE IS \$150.00 2003 Fee will be \$550.00	Ctota				Election Campaign File Trust Fund Contribution	on. L	Added	May Be to Fees
Make Check Payabl	e to Florida Department of	State		11.	AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
10.	OFFICERS AND	DIRECTO		TITLE				☐ Change	Addition
TITLE P	-		Delete	NAME					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EL, MAH'D RIDLE PATHWAY			STREET ADDRESS					
TADDO	N SPRINGS FL 34688			CITY-ST-ZIP					
	TO THINGS TE G. 1555	<del></del>	☐ Delete	TITLE			•	☐ Change	Addition
TITLE			Dolote	NAME					
NAME STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					Addition
			☐ Delete	TITLE				☐ Change	☐ Addition
TITLE			_	NAME					
-NAME:	The second secon		~	STREET ADDRESS	· · ·				
CITY-ST-ZIP				CITY-ST-ZIP				Change	Addition
			☐ Delete	TITLE					
TITLE NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
STREET ADDITION				CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

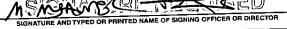
CITY-ST-ZIP

TITLE

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☐ Delete

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1-11-03

Daytime Phone #

Addition

Addition

Change

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