

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000001853**

1. Entity Name
OASIS CAR WASH, INC.

Principal Place of Business
**1296 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**1296 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168**

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 **59-3161763**

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

SWAIN
MASON, SHIRLEY
1296 N. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

*Re Marring &
8/25/01
from Mason*

Name

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

City

FL

Zip Code

Office or registered agent, or both, in the State of Florida.

8. The above named entity submits this statement

SIGNATURE

Shirley Swain

(Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D SWAIN** ☐ Delete
NAME **MASON, SHIRLEY**
STREET ADDRESS **1296 N. DIXIE FREEWAY**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 **386**
427-1253

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)