

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007923

1. Entity Name

OASIS DEVELOPMENT GROUP, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90002 012 ***158.75

Principal Place of Business

446 NW 47 TERRACE STE 101
DEERFIELD BEACH FL 33442

Mailing Address

446 NW 47 TERRACE STE 101
DEERFIELD BEACH FL 33442-9344

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

65-0638725

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAZEUCH, MARY K
9547 E FOWLER AVE
THONOTOSASSA FL 33592

Name

MARY K BLAZEUCH

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

11105 LAKE SASSA FL 33592

City

THONOTOSASSA

FL

Zip Code

33592

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

Mary K Blazeuch

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

(NOTE: Registered 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZERBE, ART 446 NW 47 TERRACE STE 101 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZERBE, ART 446 NW 47 TERRACE STE 101 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Arthur P. Zerbe

ARTHUR P. ZERBE

Date

Daytime Phone #

1-8-2000 954-429-3363

CR2E034 (9/99)