

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000007923

1. Entity Name

OASIS DEVELOPMENT GROUP, INC.



FILED

04 FEB 24 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZERBE, ART
446 NW 47TH TERRACE
SUITE 101
DEERFIELD BEACH FL 33442

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ZERBE, ART
STREET ADDRESS 446 NW 47 TERRACE STE 101
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME ZERBE, ART
STREET ADDRESS 446 NW 47 TERRACE STE 101
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/04

Date

954-415-6644

Daytime Phone #