## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:/

## **FILED** DOCUMENT # P96000104069 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** MORTGAGE OASIS, INC. 03-03-2000 90252 020 \*\*\*150.00 Mailing Address Principal Place of Business 11350 66TH ST N 11350 66TH ST N **SUITE #110 SUITE #110** LARGO FL 33773-5524 LARGO FL 33773 3. Mailing Address Principal Place of Business BUE N. Suité, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3418055 ,WKK Not Applicable PINELLAS \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Ages MARKUSSEN MARKUSSEN, RICHARD D 226 22ND AVE. NO. ST PETERSBURG FL 33704 EARWATER 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT [X] Change ☐ Addition TITLE ☐ Delete TITLE RICHARD D. MARKUSSEN MARKUSSEN, RICHARD D NAME NAME STREET ADDRESS STREET ADDRESS 1945-D LIGHEN 226 22ND AVE NO. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33704 LEARWATER FL ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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