

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000104069**1. Entity Name
MORTGAGE OASIS, INC.**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90062 036 ***150.00

Principal Place of Business

4381 73RD AVE. N.
PINELLAS PARK FL 33781
US

Mailing Address

4381 73RD AVE. N.
PINELLAS PARK FL 33781
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3418055**

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

MARKUSSEN, RICHARD D
2945-D LICHEN LANE
CLEARWATER FL 33760

Name

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

6389 93rd Terrace North Unit 4706

City

Pinellas Park,**FL**

Zip Code

33782

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 **Richard Markussen****President****March 13, 2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **P** ☐ Delete
NAME **MARKUSSEN, RICHARD D**
STREET ADDRESS **2945-D LICHEN LANE**
CITY-ST-ZIP **CLEARWATER FL 33760**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6389 93rd Terrace North Unit 4706**
CITY-ST-ZIP **Pinellas Park, Florida 33782**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Richard O. Markussen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-2001 7275480088

Date

Daytime Phone #

CR2E034 (10/00)