## 2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

4381 73RD AVE. N. PINELLAS PARK FL 33781

## UNIFORM BUSINESS REPORT (UBR) P96000104069 DOCUMENT # 1. Entity Name

MORTGAGE OASIS, INC.

Principal Place of Business

PINELLAS PARK FL 33781

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

MARKUSSEN, RICHARD D

6389 93RD TERRACE NORTH UNIT 4706

FILE NOW!!! FEE IS \$150.00

Country

6. Name and Address of Current Registered Agent

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

4381 73RD AVE. N.

**FILED** Mar 31, 2003 8:00 am Secretary of State

DATE

Change

☐ Change

Addition

☐ Addition

	03-31-2003 90117 013		
	☐ CHECK HERE IF MAKING CH	ANGES	
	4. FEI Number 59-3418055	Applied For	
	38-34 10033	Not Applicable	
Country		\$8.75 Additional Fee Required	
	7. Name and Address of New Registered Agen	it	

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

PINELLAS PARK FL 33782 City 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.

(NOTE: Registered Agent signature required when reinstating)

	May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			Trust Fund Contribution.		to Fees	
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	P MARKUSSEN, RICHARD D 6389 93RD TERRACE NORTH UNIT 4706 PINELLAS PARK FL 33782	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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TITLE		☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

☐ Delete