

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90144 021 ***550.00

0080217 AV

DOCUMENT # **P97000003959**

1. Entity Name
OASIS STAFFING II, INC.



Principal Place of Business
**4400 N. CONGRESS AVENUE
SUITE 250
WEST PALM BEACH FL 33407**

Mailing Address
**4400 N. CONGRESS AVENUE
SUITE 250
WEST PALM BEACH FL 33407**



2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0731522**

Applied For
Not Applicable

Zip Country

Zip Country

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

**THE WACKENHUT CORP., ATTN: LEGAL DEPT
4200 WACKENHUT DRIVE
SUITE 100
PALM BEACH GARDENS FL 33410-4243**

Name **Terry Mayotte**
Street Address (P.O. Box Number is Not Acceptable)
4400 N. Congress Ave 250
City **West Palm Beach, FL 33407**

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

cro Terry Mayotte 7/7/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P WHIPPLE, PAULA 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GREEN, IAN 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYOTTE, TERRY P 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEIP, ROBERT C 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FINIZIA, F.E. 4200 WACKENHUT DR #100 PALM BEACH GRDNS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WACKENHUT, RICHARD R 4200 WACKENHUT DR #100 PALM BEACH GRDNS FL 33410-4243	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert kneip 4400 N. Congress Ave 250 West Palm Beach, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Hornemann 4400 N. Congress Ave 250 West Palm Beach, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maoytte, Terry TD 4400 N. Congress Ave 250 West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sami Mrazmeh 1001 Brickell Bay Dr. 27th Floor Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stephen Melvin 4400 N. Congress Ave 250 West Palm Beach, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D, AS Rich Rosen 4400 N. Congress Ave 250 West Palm Beach, FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **7/7/03** (561) 229-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(30/4) (P02E2)C