

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0080178
AV

DOCUMENT # **P97000003965**

1. Entity Name
OASIS OUTSOURCING IV, INC.



07-28-2003 90145 050 ***550.00

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

4. FEI Number **65-0727080** 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			
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 Zip Code 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 *Terry Mayotte* **Terry Mayotte - CFO** DATE **7-7-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WACKENHUT, GEORGE R			NAME	Charles Honemann		
STREET ADDRESS	270 BERMUDA BAY LANE			STREET ADDRESS	1001 Brickell Bay Dr. 27th Floor		
CITY-ST-ZIP	VERO BEACH FL 32963			CITY-ST-ZIP	Miami, FL 33131		
TITLE	DC	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WACKENHUT, RICHARD R			NAME	Sami Mneymneh		
STREET ADDRESS	63 UNO LAGO DR			STREET ADDRESS	1001 Brickell Bay Dr. 27th Floor		
CITY-ST-ZIP	JUNO BEACH FL 33408			CITY-ST-ZIP	Miami, FL 33407		
TITLE	DCEO	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNEIP, ROBERT C			NAME	4400 N. Congress Ave 250		
STREET ADDRESS	7661 BOLD LAD RD			STREET ADDRESS	West Palm Beach, FL 33407		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			CITY-ST-ZIP	West Palm Beach, FL 33407		
TITLE	DT	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAYOTTE, TERRY P			NAME	DVPAS		
STREET ADDRESS	6600 SW 75 TERR			STREET ADDRESS	Rich Rosen		
CITY-ST-ZIP	MIAMI FL 33143			STREET ADDRESS	1001 Brickell Bay Dr. 27th Floor		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NUSBAUM, SANDRA L			NAME	Stephen Melvin		
STREET ADDRESS	804 SABLE PALM LN			STREET ADDRESS	4400 N. Congress Ave		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			CITY-ST-ZIP	250 West Palm Beach, FL 33407		
TITLE	AT	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREEN, IAN			NAME	Stephen Melvin		
STREET ADDRESS	12764 NW 15 ST			STREET ADDRESS	4400 N. Congress Ave		
CITY-ST-ZIP	SUNRISE FL 33323			CITY-ST-ZIP	250 West Palm Beach, FL 33407		

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: *Terry Mayotte* **Terry Mayotte** DATE **7-7-03** DAYTIME PHONE # **(561) 273 2466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)