

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90016 049 ***150.00

DOCUMENT # P980000063868
1. Entity Name
 Oasis Systems, Inc

Principal Place of Business **Mailing Address**
 5748 Corporation Circle
 Ft. Myers, FL 33905

2. Principal Place of Business **3. Mailing Address**
~~5748 Corporation Cir~~ ~~Same~~
 Suite, Apt. #, etc. Suite, Apt. #, etc.

850352

DO NOT WRITE IN THIS SPACE

City & State Ft. Myers, FL **City & State**
Zip 33905 **Country** USA

4. FEI Number 650851011 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Oasis Systems, Inc
 5748 Corporation Cir.
 Ft. Myers, FL 33905

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL **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.

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE Resident	<input type="checkbox"/> Delete
NAME Kimberley Nunn	
STREET ADDRESS 4465 Varsity Lakes Dr	
CITY-ST-ZIP Utichi Acres, FL 33971	
TITLE Vice Pres	<input type="checkbox"/> Delete
NAME Michael L. Nunn	
STREET ADDRESS 4465 Varsity Lakes Dr	
CITY-ST-ZIP Utichi Acres, FL 33971	
TITLE -	<input type="checkbox"/> Delete
NAME -	
STREET ADDRESS -	
CITY-ST-ZIP -	
TITLE -	<input type="checkbox"/> Delete
NAME -	
STREET ADDRESS -	
CITY-ST-ZIP -	
TITLE -	<input type="checkbox"/> Delete
NAME -	
STREET ADDRESS -	
CITY-ST-ZIP -	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kimberley E. Nunn Kimberley E. Nunn 4-20-00 941-694-3005
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)