

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91705 019 ***150.00

DOCUMENT # P98000063868

1. Entity Name

OASIS SYSTEMS, INC.

Principal Place of Business

5748 CORPORATION CIRCLE
FORT MYERS FL 33905

Mailing Address

5748 CORPORATION CIRCLE
FORT MYERS FL 33905

2. Principal Place of Business

3586 FOWLER ST

3. Mailing Address

3586 FOWLER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft Myers, FL

City & State

Ft. Myers, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

4. FEI Number

65-0851011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LLOYD NUNN, MICHAEL
5748 CORPORATION CIRCLE
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name Michael L. Nunn

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

3586 FOWLER ST

City Ft Myers

FL

Zip Code 33901

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 Michael L. Nunn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

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, 2002 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 ☒ Delete
NAME NUNN, MICHAEL LLOYD
STREET ADDRESS 5748 CORPORATION CIRCLE
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ Delete
NAME NUNN, KIMBERLY
STREET ADDRESS 5748 CORPORATION CIRCLE
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (9/01)

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:

Kimberly Nunn

4-25-02

911 694-300

Date

Daytime Phone #