

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90028 010 ***150.00

DOCUMENT # P98000087281

1. Entity Name

A MESSAGE OASIS, INC.

Principal Place of Business

**6258 PRESIDENTIAL COURT
SUITE 207
FT. MYERS FL 33919**

Mailing Address

**6258 PRESIDENTIAL COURT
SUITE 207
FT. MYERS FL 33919**

506641



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0928743

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

FREYSINGER, KAREN J

~~**7420 BEAR HOLLOW CIRCLE
FORT MYERS FL 33912**~~

*NOTE *
NEW
ADDRESS*

Name

FREYSINGER, KAREN J.

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

18225 LINDEN RD

City

FORT MYERS

FL

Zip Code

33912

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

Karen J. Freysinger

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **0**
STREET ADDRESS **FREYSINGER, KAREN J**
CITY-ST-ZIP **7420 BEAR HOLLOW CIR 18225 LINDEN RD
FORT MYERS FL 33912 FORT MYERS FL 33912**

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

TITLE ☐ Delete
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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:

Karen J. Freysinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/02

941-466-2747

CR2E034 (9/01)