

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90180 029 ***158.75

DOCUMENT # **V31979 (0)**
1. Entity Name
THE OASIS Lounge, INC.

Principal Place of Business Mailing Address
5260 GULF BREEZE PKWY 5260 GULF BRZ. PKWY
GULF BREEZE FL GULF BREEZE FL
32561 32561

80089246

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3119268		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ADAMS, JAMIE		Name JAMIE TOWE	
5341 STAGE Coach TR		Street Address (P.O. Box Number is Not Acceptable) 5341 STAGE Coach TR.	
GULF BREEZE FL. 32561		City GULF BREEZE FL Zip Code 32561	

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 *Sylvia Davis* DATE 4/26/2000

(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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAAS, EUGENE D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SYLVIA DAVIS 1824 SAINT MARY DR. GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ROSE PLATT ROSE PLATT 5341 STAGE Coach TR. GULF BREEZE FL. 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sylvia Davis* DATE 4/26/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)