

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030253

Entity Name: OASIS ADVISORY SERVICES, INC.**Current Principal Place of Business:**2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411**Current Mailing Address:**2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411 US**FEI Number:** 65-0927588**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC
115 NORTH CALHOUN STREET STE 4
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	CAHALAN, DONALD
Address	150 SAWGRASS DRIVE
City-State-Zip:	ROCHESTER NY 14620

Title	VP
Name	SCHRADER, ROBERT L.
Address	911 PANORAMA TRAIL SOUTH
City-State-Zip:	ROCHESTER NY 14625

Title	SECRETARY
Name	SCHAEFFER, STEPHANIE
Address	911 PANORAMA TRAIL SOUTH
City-State-Zip:	ROCHESTER NY 14625

Title	VP
Name	BELEDKI, LYNN
Address	150 SAWGRASS DRIVE
City-State-Zip:	ROCHESTER NY 14620

Title	TREASURER, DIRECTOR
Name	RIVERA, EFRAIN
Address	911 PANORAMA TRAIL SOUTH
City-State-Zip:	ROCHESTER NY 14625

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD CAHALAN

PRESIDENT

03/03/2020

Electronic Signature of Signing Officer/Director Detail_____
Date