

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013062

1. Entity Name
OFFSHORE SLIPS, L.C.

FILED

01 JAN 17 PM 2:12

Principal Place of Business

140 PAMELA LANE
WEST PALM BEACH FL 33405

Mailing Address

140 PAMELA LANE
WEST PALM BEACH FL 33405

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2525 Lake Drive

3. Mailing Address

Suite, Apt. #, etc.

C4

Suite, Apt. #, etc.

City & State

Singer Island, FL

City & State

Zip
33404

Country

USA

Zip

Country

4. FEI Number

54-2012406

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, ALEXANDRA C
140 PAMELA LANE
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name
Cook, Alexandra C., C.P.A.

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 Alexandra C. Cook, C.P.A. Alexandra C. Cook, C.P.A. 1/12/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COOK, VICTOR J III
140 PAMELA LANE
WEST PALM BEACH FL 33405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COOK, ALEXANDRA C
140 PAMELA LANE
WEST PALM BEACH FL 33405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400003568184--6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-01/23/01--0100-01
*****50.00 *****50.00

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alexandra C. Cook, C.P.A. Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/12/01 561-842-8353
Date Daytime Phone #

CR2E083 (11/00)