

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000017083

1. Entity Name

OFFSHORE MANAGEMENT GROUP, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -1 AM 9:37

Principal Place of Business

Mailing Address

350 SOUTH COUNTY ROAD  
STE. 201  
PALM BEACH FL 33480

350 SOUTH COUNTY ROAD  
STE. 201  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0339016**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LENEVE, W.L.  
350 SOUTH COUNTY ROAD #201  
PALM BEACH FL 33480

Name

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

City

FL

Zip Code

158.75

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LE NEVE, W L</b>	
STREET ADDRESS	<b>350 SOUTH COUNTY ROAD, STE. 201</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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-06/11/01--01038  
\*\*\*1615.00 \*\*\*158.75

5/11

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: W.L. LeNeve  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.L. LeNeve,  
President 4/30/01 561-832-1299  
Date Daytime Phone #

CR2E034 (10/00)

0825414