

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90104 002 ***150.00

0584104 AT

DOCUMENT # J39266

1. Entity Name
O. I. MANAGEMENT, INC.

Principal Place of Business 613-B BEACHVIEW DR. STE B ST SIMONS ISLD GA 31522 US	Mailing Address P.O. BOX 20287 ST SIMONS ISLD GA 31522 US
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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 **59-2743368** 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

**ZELL, ROYALD A.
 2225 CLIMBING IVY DR
 TAMPA FL 33618**

Name
 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 _____ 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. **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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	ZELL, ROYALD A.	2225 CLIMBING IVY DR	TAMPA FL 33618	<input type="checkbox"/>	<input type="checkbox"/>
D	ZELL, DALE L.	2225 CLIMBING IVY DR	TAMPA FL 33618	<input type="checkbox"/>	<input type="checkbox"/>
DP	ZELL, HAROLD E.	101 WORTHING STR	ST SIMONS ISLD GA	<input type="checkbox"/>	<input type="checkbox"/>
D	ZELL, LUCY D.	101 WORTHING STR	ST SIMONS ISLD GA	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Harold E. Zell DATE: 1-11-02 DAYTIME PHONE #: (912) 638-3449

CR2E034 (9/01)