

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90013 024 ***150.00

DOCUMENT # P95000076458

1. Entity Name

PLATINUM FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

1601 FORUM PLACE
 SUITE 300
 WEST PALM BEACH FL 33401
 US

1601 FORUM PLACE
 SUITE 300
 WEST PALM BEACH FL 33401-8102
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2161 PALM BEACH LAKES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#450

City & State
 W.P.B. FL

City & State

Zip
 33409

Country
 USA

Zip

Country

4. FEI Number 65-0618765

Applied For

Not Applicable

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

Name

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

2161 PALM BEACH LAKES BLVD.

SUITE #450

City WEST PALM BEACH

FL

Zip 33409

WAGNER, H. THOMAS JR.
 1601 FORUM PLACE
 SUITE 300
 WEST PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
 NAME WAGNER, H. THOMAS JR.
 STREET ADDRESS 1601 FORUM PLACE
 CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2161 PALM BEACH LAKES BLVD.
 CITY-ST-ZIP SUITE #450 WEST PALM BEACH FL 33409

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H. THOMAS WAGNER, JR. 4/25/00

CR-034 (9/99)