

2002 UNIFORM BUSINESS REPORT (UBR)

0662090 SP

DOCUMENT # **F95000004163**

1. Entity Name
PLATINUM INC. OF FT. MYERS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 22 PM 4:00

Principal Place of Business Mailing Address
6900 - 29 DANIELS PKWY., STE. 345 **6900 - 29 DANIELS PKWY., STE. 345**
FT. MYERS FL 33912 **FT. MYERS FL 33912**



DO NOT WRITE IN THIS SPACE

158.00

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **62-1609961** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BREWER, LYNN
6900-29 DANIELS PKWY
STE-345
FT. MYERS FL 33912

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 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
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
CP BREWER, LYNN
15170 CANNONGATE DR
FT. MYERS FL 33912
CV MARQUARDT, TOM
15170 CANNONGATE DR
FT. MYERS FL 33912
S. BELL, LANA J
15170 CANNONGATE DR
FT. MYERS FL 33912

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
900005051049-5
-03/06/02--01074--011
*******561.25 *****150.00**

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 of Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (9/01)