

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90235 037 ***150.00

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DOCUMENT # F97000002816

1. Entity Name

PLATINUM ENERGY SERVICES, INC.



Principal Place of Business

100 EXECUTIVE WAY, STE. 203
PONTE VEDRA BEACH FL 32082

Mailing Address

100 EXECUTIVE WAY, STE. 203
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

13 WALKERS RIDGE DR.

Suite, Apt. #, etc.

3. Mailing Address

13 WALKERS RIDGE DR.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. FEI Number

56-1948228

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PAPARELLI, JOHN A

100 EXECUTIVE WAY, STE. 203

PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

PAPARELLI, JOHN A

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

13 WALKERS RIDGE DR

City

PONTE VEDRA BEACH, FL

Zip Code

32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

JOHN PAPARELLI

(NOTE: Registered Agent signature required when reinstating)

4/23/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PAPARELLI, JOHN A
STREET ADDRESS 13 WALKERS RIDGE DR.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE V ☐ Delete
NAME GRAHAM, JOSEPH A
STREET ADDRESS 9227 BEAUCLERC CIRCLE E.
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE T ☐ Delete
NAME MCGRATH, JOHN J
STREET ADDRESS 6300 A1A SOUTH UNIT A91D
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE T ☒ Change ☐ Addition
NAME MCGRATH, JOHN J
STREET ADDRESS 6800 WOLF RUN DR
CITY-ST-ZIP CHARLOTTE, NC 28277

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Paparelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN PAPARELLI

4/23/03

Date

904-273-4483

Daytime Phone #

CR2E034 (10/02)