

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90257 001 \*\*\*150.00

**DOCUMENT # F98000006446**

1. Entity Name

PLATINUM RECOVERY SOLUTIONS, INC.



Principal Place of Business  
1620 DODGE STREET. LM-11  
OMAHA NE 68102

Mailing Address  
1620 DODGE STREET. LM-11  
OMAHA NE 68102

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

47-0717324

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	<input type="checkbox"/> Delete
NAME	SHANAHAN, JAMES W	
STREET ADDRESS	2223 DODGE ST	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRY, JOSEPH W	
STREET ADDRESS	2223 DODGE ST	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGENFELD, JOHN G	
STREET ADDRESS	2223 DODGE ST	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	S	<input type="checkbox"/> Delete
NAME	OSTROWSKI, JOHN A	
STREET ADDRESS	2223 DODGE ST	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	AS	<input type="checkbox"/> Delete
NAME	O'CONNOR, MAUREEN	
STREET ADDRESS	2223 DODGE STREET	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tax Officer -	
STREET ADDRESS	Sara L. Rathjen	
CITY-ST-ZIP	1620 Dodge St.	
	Omaha, NE 68197	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03

Date

402-633-7510

Daytime Phone #

CR2E034 (10/02)