

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90116 028 ***150.00

C0012873



DO NOT WRITE IN THIS SPACE

DOCUMENT # K40019

1. Entity Name

PLATINUM COAST TITLE SERVICES, INC.

Principal Place of Business

Mailing Address

**3733 TAMiami TRAIL NORTH
NAPLES FL 34103
US**

**3733 TAMiami TRAIL NORTH
NAPLES FL 34103-3718
US**

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

58-1809505

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

**DECKER, PATTI
3733 TAMiami TRAIL NORTH
NAPLES FL 33940**

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

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	DP	<input type="checkbox"/> Delete
NAME	PLANERA, JOSEPH L.	
STREET ADDRESS	222 VOLLMER ROAD	
CITY-ST-ZIP	CHICAGO HEIGHTS FL 60411	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEINTRAUB, GARY A.	
STREET ADDRESS	465 CENTRAL AVE, SUITE 100	
CITY-ST-ZIP	NORTH FIELD IL 60093	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAVROS, ALFRED D.	
STREET ADDRESS	433 NORTH MILWAUKEE AVENUE	
CITY-ST-ZIP	WHEELING IL 60090	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DECKER, PATRICIA A.	
STREET ADDRESS	4599 CHIPPEDALE DR	
CITY-ST-ZIP	NAPLES FL 34112	
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	

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

GORDON W. DECKER

Date

Daytime Phone #

CR2E034 (9/99)