

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90481 027 ***150.00

DOCUMENT # K40019
1. Entity Name
 PLATINUM COAST TITLE SERVICES, INC.

Principal Place of Business **Mailing Address**
 3733 TAMiami TRAIL NORTH 3733 TAMiami TRAIL NORTH
 NAPLES FL 34103 NAPLES FL 34103
 US 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
 DECKER, PATTI
 3733 TAMiami TRAIL NORTH
 NAPLES, FL 34103

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) ☐ **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PLANERA, JOSEPH L.	
STREET ADDRESS	222 VOLLMER ROAD	
CITY-ST-ZIP	CHICAGO HEIGHTS IL 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 CHIPPENDALE DR.	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol K. Planera	
STREET ADDRESS	222 Vollmer Rd.	
CITY-ST-ZIP	Chicago Heights, IL 60411	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon Decker	
STREET ADDRESS	4599 Chippendale Dr.	
CITY-ST-ZIP	Naples, FL 34112	
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: *Gary A. Weintraub* **Gary A. Weintraub, Pres.** **4/6/01** **(941) 262-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)