

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90413 002 ***150.00

DOCUMENT # K40019

1. Entity Name
PLATINUM COAST TITLE SERVICES, INC.

Principal Place of Business

3733 TAMiami TRAIL NORTH
NAPLES FL 34103
US

Mailing Address

3733 TAMiami TRAIL NORTH
NAPLES FL 34103
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 33940

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

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, 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 **D** ☐ Delete
NAME **PLANERA, CAROL K**
STREET ADDRESS **222 VOLLMER ROAD**
CITY-ST-ZIP **CHICAGO HEIGHTS FL 60411**

TITLE **PD** ☐ Delete
NAME **WEINTRAUB, GARY A.**
STREET ADDRESS **465 CENTRAL AVE, SUITE 100**
CITY-ST-ZIP **NORTH FIELD IL 60093**

TITLE **SD** ☐ Delete
NAME **STAVROS, ALFRED D.**
STREET ADDRESS **433 NORTH MILWAUKEE AVENUE**
CITY-ST-ZIP **WHEELING IL 60090**

TITLE **VP** ☐ Delete
NAME **DECKER, PATRICIA A.**
STREET ADDRESS **4599 CHIPPENDALE DR**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **AV** ☐ Delete
NAME **DECKER, GORDON**
STREET ADDRESS **4599 CHIPPENDALE DR**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 ☐ Change ☐ Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary A. Weintraub, Pres,

4/8/02

Date

(847) 441-8535

Daytime Phone #

CR2E034 (9/01)