

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000015107

FILED
May 16, 2003
Secretary of State

Entity Name: PLATINUM PAYROLL, L.L.C.

Current Principal Place of Business:

6900-29 DANIELS PKWY
#174
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6900-29 DANIELS PKWY
#174
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-1064083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAST, CHRISTOPHER E
745 12TH AVENUE SOUTH
STE B
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

BREWER, LYNN A
6900-29 DANIELS PKWY
STE 174
FT. MYERS, FL 33912 US

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: LYNN BREWER

05/16/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BREWER, LINDA A
Address: 12065 METRO PARKWAY SUITE 203
City-St-Zip: FORT MYERS,, FL 33912

Title: MGR () Delete
Name: LANG, JAMES A
Address: 1569 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

Title: MGR () Delete
Name: MARQUARDT, THOMAS L
Address: 7730 CAMERON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINDA BREWER

MGR

05/16/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date