

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90081 046 \*\*\*\*55.00

**DOCUMENT # M00000000487**

1. Entity Name

**PLATINUM SAFETY AND CLAIMS SERVICES, L.L.C.**

Principal Place of Business

**501 SHELLEY DRIVE  
TYLER TX 75701**

Mailing Address

**501 SHELLEY DRIVE  
TYLER TX 75701**

2. Principal Place of Business

**501 Shelley Drive**

3. Mailing Address

**P.O. Box 6367**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tyler, Tx**

City & State

**Tyler, Tx**

Zip

**75701**

Country

**USA**

Zip

**75711**

Country

**USA**

4. FEI Number

**75-2686935**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS  
941 4TH STREET, 2ND FL  
MIAMI FL 33139**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **JONES, BARRY L**  
STREET ADDRESS **501 SHELLEY DR.**  
CITY-ST-ZIP **TYLER TX 75701**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **HIBBS, BILLY E JR**  
STREET ADDRESS **501 SHELLEY DR.**  
CITY-ST-ZIP **TYLER TX 75701**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VC** ☐ Delete  
NAME **HIBBS, BILLY E**  
STREET ADDRESS **501 SHELLEY DR.**  
CITY-ST-ZIP **TYLER TX 75701**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CEO** ☐ Delete  
NAME **KERR, RICHARD K**  
STREET ADDRESS **5001 SPRING VALLEY RD. SUITE 1000E**  
CITY-ST-ZIP **DALLAS TX 75244**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my 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:

**SIGNATURE REQUIRED**  
**Rick Fisher, Manager**

Date

**(903) 561-4242**

Daytime Phone #

CR2E083 (9/01)