


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90037 010 ****61.25

| | | | | | |
|--|-------------------------------|---|---|---|--|
| DOCUMENT # N05000002976 1. Entity Name PLATINUM ANGELZ MOTORCYCLE CLUB INC. | | | |  | |
| Principal Place of Business 5002 CASTILLE PLACE, APT. 358 TAMPA, FL 33617 | | | Mailing Address 5002 CASTILLE PLACE, APT. 358 TAMPA, FL 33617 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BROWN, AILEEN 5002 CASTILLE PLACE, APT. 358 TAMPA, FL 33617 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BROWN, AILEEN | | NAME | | |
| STREET ADDRESS | 5002 CASTILLE PLACE, APT. 358 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33617 | | CITY-ST-ZIP | | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRANVILLE MACK, CANDRA | | NAME | | |
| STREET ADDRESS | P.O. BOX 341584 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33694 | | CITY-ST-ZIP | | |
| TITLE | DM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DOUGLAS, LA TASHIA | | NAME | | |
| STREET ADDRESS | 1206 MITCHELL ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRANDON, FL 33511 | | CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRANTLEY, CANDI | | NAME | | |
| STREET ADDRESS | 3107 N. 15TH ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33605 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>8/11/06</u> <u>813-2941937</u> <small>Daytime Phone #</small> | | |

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08172006 Chg-NP CR2E037 (4/06)

4. FEI Number 42-1666118 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required