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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 00000006894

1. Entity Name

Platinum Title Services Corp.

FILED

02 DEC 23 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2770 University Dr.

3. Mailing Address

2770 University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

02

City & State

Coral Springs, FL 33065

City & State

Coral Springs, FL

4. FEI Number

650979326

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Scott Salomon, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2770 University Dr.

City

Coral Springs

FL

Zip Code

33065

**DO NOT WRITE
IN THIS SPACE**

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

Scott Salomon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: PD
NAME: Scott A. Salomon
STREET ADDRESS: 2770 University Dr.
CITY-ST-ZIP: Coral Springs, FL 33065

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

100009634951
12/23/02--01051--006 **150.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

Scott Salomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 7550939

CR2E034B (12/01)

2 of 2

SALOMON LAW CENTER

December 17, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Platinum Title

To Whom It May Concern:

Enclosed please find the Uniform Business Report; we had not filed before due to the fact that we had not received the reports.

Should you have any additional questions, please do not hesitate to contact me personally.

Very truly yours,



Scott A. Salomon, Esq

SAS:lo