

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

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90301 001 ***150.00
06-24-2002 90301 002 *****8.75

DOCUMENT # **900000015358**

1. Entity Name

PLATINUM KEY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
99 GEORGE KING BLVD

3. Mailing Address
99 GEORGE KING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CANAVERAL, FL

City & State
CAPE CANAVERAL, FL

4. FEI Number
59-3625737

Applied For
Not Applicable

Zip
32920

Country
USA

Zip
32920

Country
USA

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

DO NOT WRITE IN THIS SPACE

94417

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BRITT SHENKMAN

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

3799 S. BANANA RIVER BLVD.

City
COCOA BEACH

FL

Zip Code
32931

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-17-02

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT EDWARD SEBASTIAN 2275 N. TROPICAL TRAIL MERRITT ISLAND, FL 32953	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY/TREASURER LINDA OHLIN 1270 ARLINGTON AVE MERRITT ISLAND, FL 32952	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA OHLIN

Date

Daytime Phone #

6-17-02 32-784-9000

CR2E034B (12/01)