

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061577

1. Entity Name

PLATINUM MORTGAGE SERVICES OF CENTRAL FLORIDA, I

Principal Place of Business

4720 BRITTANY DR., SOUTH, UNIT 139  
ST. PETERSBURG FL 33715

Mailing Address

4720 BRITTANY DR., SOUTH, UNIT 139  
ST. PETERSBURG FL 33715

2. Principal Place of Business

9887 4th Street North

3. Mailing Address

9887 4th Street North

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

St. Petersburg, FL 33702

City & State

St. Petersburg, FL 33702

Zip

33702

Country

USA

Zip

33702

Country

USA

4. FEI Number

59-3658041

Applied For

X Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOMSEY, KELI M

4720 BRITTANY DR., SOUTH, UNIT 139  
ST. PETERSBURG FL 33715

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

Keli M. Homsey

April 30, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOMSEY, KELI M	
STREET ADDRESS	4720 BRITTANY DR., SOUTH, UNIT 139	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Homsey, Keli M	
STREET ADDRESS	9887 4th Street North, Suite 301	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

Keli M. Homsey

Keli M. Homsey

April 30, 2001

(727) 577-4663

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)