

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am,
Secretary of State

05-17-2001 91284 006 ***150.00

DOCUMENT # P00000070355

1. Entity Name

Platinum Enterprises of America Inc

Principal Place of Business

Mailing Address

2161 Escambia Dr, Unit F

2. Principal Place of Business

2161 Escambia Drive

Suite, Apt. #, etc.

Unit F

3. Mailing Address

2161 Escambia Drive

Suite, Apt. #, etc.

Unit F

City & State

Tallahassee

City & State

Tallahassee

Zip

FL

Country

USA

Zip

32304

Country

USA

4. FEJ Number

59-

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Clifford Walker
 2161 Escambia Drive Unit F
 Tallahassee, FL 32304

7. Name and Address of New Registered Agent

Name Clifford Walker
 Street Address (P.O. Box Number is Not Acceptable)
 2161 Escambia Drive
 City Tallahassee FL Zip Code 32304

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

Clifford Walker

04/30/01

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

TITLE CEO
 NAME Clifford Walker
 STREET ADDRESS 2161 Escambia Drive
 CITY-ST-ZIP Tallahassee, FL 32304 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 like empowered.

SIGNATURE:

Clifford Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

Date

228-4756

Daytime Phone #

CR2E034 (11/00)