

2002 UNIFORM BUSINESS REPORT (UBR)

0484239 AV

DOCUMENT # P01000101521

1. Entity Name
PLATINUM MANAGEMENT INC. OF S.W.FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 22 PM 4:00

Principal Place of Business
12065 METRO PKWY
SUITE 203
FORT MYERS FL 33912

Mailing Address
12065 METRO PKWY
SUITE 203
FORT MYERS FL 33912



DO NOT WRITE IN THIS SPACE

150.00

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BREWER, LYNN A 12065 METRO PKWY SUITE 203 FORT MYERS FL 33912				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 _____
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREWER, LYNN A			NAME	800005051048--8		
STREET ADDRESS	12065 METRO PKWY SUITE 203			STREET ADDRESS	-03/06/02--01074--011		
CITY-ST-ZIP	FORT MYERS FL 33912			CITY-ST-ZIP	****561.25 ****150.00		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARQUARDT, THOMAS L			NAME			
STREET ADDRESS	12065 METRO PKWY SUITE 203			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33912			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KALETTA, CHRISTOPHER P			NAME			
STREET ADDRESS	12065 METRO PKWY SUITE 203			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33912			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			
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			

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E034 (9/01)