

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

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90165 041 \*\*\*150.00

DOCUMENT # **PO1000114387** ✓

1. Entity Name  
Platinum Mortgage Solutions, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3412 66th St. Ct. W

Suite, Apt. #, etc.

3. Mailing Address  
3412 66th St. Ct. W

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Bradenton, FL 34209

City & State  
Bradenton, FL

4. FEI Number  
75-2979030

Applied For  
Not Applicable

Zip  
34209

Country  
US

Zip  
34209

Country  
US

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

**7. Name and Address of Current Registered Agent**

Name  
Marc H. Feldman

Street Address (P.O. Box Number is Not Acceptable)  
3908 26th Street West

City Bradenton FL Zip Code 34205

**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

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) ☐

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	D/P Joanne Johansen 3412 66th Street Court West Bradenton, Florida 34209
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/T Paul JOhansen 3412 66th Street Ct. W Bradenton, Florida 34209
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**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne Johansen

3/1/02

Date

9417983644

Daytime Phone #

CR2E034B (12/01)