

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90502 048 ***150.00

DOCUMENT # P02000023345

1. Entity Name
PLATINUM PROMOTIONS OF SOUTH FLORIDA, INC



Principal Place of Business
234 8TH AVE. NORTH
ST. PETERSBURG FL 33701

Mailing Address
234 8TH AVE. NORTH
ST. PETERSBURG FL 33701

70045053



2. Principal Place of Business

244 10th Ave NE

3. Mailing Address

244 10th Ave NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
St Pete FL

City & State
St Pete FL

4. FEI Number
043610132

Applied For
Not Applicable

Zip
33701

Country
USA

Zip
33701

Country
USA

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

MOORE, KELLY A
234 8TH AVE. NORTH
ST. PETERSBURG FL 33701

Name **Kelly A Moore**
Street Address (P.O. Box Number is Not Acceptable) **244 10th Ave NE #4**
City **St Pete** **FL** **Zip Code** **33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kelly A. Moore**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **MOORE, KELLY A**
STREET ADDRESS **234 8TH AVE. NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kelly A. Moore** **4-17-03** **727-824-2803**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)