

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91165 026 ***150.00

DOCUMENT # P02000041819

1. Entity Name
PLATINUM QUEST ENTERTAINMENT, INC.



Principal Place of Business
2395 W. CHURCH ST.
ORLANDO, FL 32805

Mailing Address
2395 W. CHURCH ST.
ORLANDO, FL 32805

2. Principal Place of Business
4185 W LAKEMARY Blvd

Suite, Apt. #, etc.

#158

City & State
LAKE MARY FLA

Zip

32746

Country

U.S.A

3. Mailing Address
4185 W. LAKE MARY Blvd

Suite, Apt. #, etc.

#158

City & State
LAKE MARY FLA

Zip

32746

Country

U.S.A



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0780425

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REID-JAMES, ROXANNE
4185 W. LAKE MARY BLVD.
#158
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name **Oliver JAMES**
Street Address (P.O. Box Number is Not Acceptable)
4185 W. LAKE MARY Blvd
#158
City **LAKE MARY** FL Zip Code **32746**

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 *Oliver James* Oliver James 5-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/President C/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oliver JAMES
STREET ADDRESS	4185 W. LAKE MARY Blvd #158
CITY-ST-ZIP	LAKE MARY FL 32746
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	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	

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 507, 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: *Oliver James* Oliver James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-03 407-417-1562
Date Daytime Phone #

CR2E034 (10/02)