## Apr 18, 2003 8:00 am Secretary of State

**FILED** 

04-18-2003 90438 036 \*\*\*150.00

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

## DOCUMENT #

P97000091650

1. Entity Name

PLATINUM MORTGAGE SERVICES, INC.

1				CO WE THE	-					
Principal Place of Business 612 NE 7TH AVENUE BOYNTON BEACH FL 33435 US		Mailing Address 612 NE 7TH AVENUE BOYNTON BEACH FL 33435 US						H 11814 81181 1	)	
2. Principal Place of Busi	ness	3. Mailing Address			-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FE	CE 0004E74			plied For t Applicable	
Zip	Zip Country		Zip Cour				8.75 Additional ee Required			
6. Name	e and Address of Current R	Registered Agent		T	7. Na	ame and Address of New Regis	tered Ag	ent		
				Name						
BORNSTEIN, SHERR	Street Addres			ss (P.O. Bo	(P.O. Box Number is Not Acceptable)					
BOYNTON BEACH F										
	City				FL Zip Code			•		
FILE NOW!	or printed name of registered agent and or printed name of registered agent and or printed agent are selected. \$150.00 in Fig. 18 \$150.00 or Florida Department of		TE: Registere	ed Agent signature requ	uired when rein	stating)  9. Election Campaign Financi Trust Fund Contribution.	DATE	\$5.00 Added	0 May Be to Fees	
10,	OFFICERS AND D	DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFICER	RS AND F	IRECTORS	S IN 11	
TITLE P NAME BORNSTE STREET ADDRESS 612 NE 7	EIN, SHERRI L TH AVENUE N BEACH FL 33435	Delete	TITL NAM STRI	E				_ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete		-				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			<del>-</del>			Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STRE	l l			[	Change	Addition	

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

☐ Delete

Delete

Change

Change

Addition

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