

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90367 001 ***150.00

DOCUMENT # P97000095996

1. Entity Name
PLATINUM COAST CUSTOM PAINTING, INC.

Principal Place of Business 695 REGATTA ROAD NAPLES FL 34103	Mailing Address 695 REGATTA ROAD NAPLES FL 34103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3435 Enterprise Ave Unit 48		3. Mailing Address 3435 Enterprise Ave Unit 48	
Suite, Apt. #, etc. Unit 48		Suite, Apt. #, etc. Unit 48	
City & State Naples FL		City & State Naples FL	
Zip 34104	Country USA	Zip 34104	Country USA

4. FEI Number 65-0800064	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GESCHARDT, ANNE
695 REGATTA ROAD
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3435 Enterprise Ave

City **Naples** FL Zip Code **34104**

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 **Anne Geschardt VP** 4/25/01

(NOTE: Registered Agent Signature required when reinstalling)

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GESCHARDT, DANIEL 695 REGATTA ROAD NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GESCHARDT, ANNE 695 REGATTA ROAD NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAIG, DANIEL S 695 REGATTA RD NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3435 Enterprise Ave Unit 48 Naples FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3435 Enterprise Ave Unit 48 Naples FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3435 Enterprise Ave Unit 48 Naples FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dawn Ella Piere	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3435 Enterprise Ave Unit 48 Naples FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Anne Geschardt** 4/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/01** Daytime Phone **941-435-7771**

CR2E034 (10/00)