

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014510

1. Entity Name
PLATINUM COAST, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90055 043 ***150.00

Principal Place of Business
2334 ARBOUR WALK CIR. APT 1016
NAPLES FL 34109
CHANGED

Mailing Address
2334 ARBOUR WALK CIR. APT 1016
NAPLES FL 34109
CHANGED

000180008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
UNIT 103

3. Mailing Address
6625 HUNSTON LKS CIR.

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
103

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number **59-3598060**

Applied For
Not Applicable

Zip **34119**

Country

Zip **34119**

Country

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

6. Name and Address of Current Registered Agent

COSENTINO, EDWARD A
2334 ARBOUR WALK CIR, APT 1016
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name **EDWARD A COSENTINO**

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

SAME AS ABOVE

City **FL** Zip Code

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 **Edward A Cosentino**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-29-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME **PD COSENTINO, EDWARD A** ☒ Delete
STREET ADDRESS **2334 ARBOUR WALK CIRCLE, #1016**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PRESIDENT EDWARD A COSENTINO** ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **SAME AS ABOVE**

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

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

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STREET ADDRESS
CITY-ST-ZIP

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: **Edward A Cosentino**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-29-01

Date

Daytime Phone #

CR2E034 (10/00)