

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022453

1. Entity Name **Platinum Eagle Enterprises, Inc.**
P99000022453
3099 Panama Drive
Melbourne, FLORIDA 32934

Principal Place of Business Mailing Address

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90478 044 ***150.00

00058006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **513-B N. Harbor City Blvd.**
 Suite, Apt. #, etc.

3. Mailing Address **513-B N. Harbor City Blvd.**
 Suite, Apt. #, etc.

City & State **Melbourne, Florida**
 Zip **32935** Country **USA**

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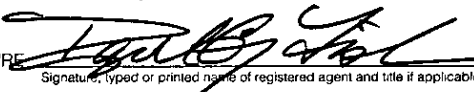
4. FEI Number **59-3587895**
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Patrick F. Healy, Esq.
700 S. Babcock St.
PO Box 2523
Melbourne, Florida 32902

7. Name and Address of New Registered Agent
 Name **Paul G. Fish**
 Street Address (P.O. Box Number is Not Acceptable) **513-B N. Harbor City Blvd.**
 City **Melbourne** FL Zip Code **32935**

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  DATE **May 11, 2000**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	President, Secretary, Treasurer	<input type="checkbox"/> Delete
NAME	Paul G. Fish	
STREET ADDRESS	3099 Panama Drive	
CITY-ST-ZIP	Melbourne, FL 32934	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHIEF EXECUTIVE OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul G. Fish	
STREET ADDRESS	513-B N. Harbor City Blvd.	
CITY-ST-ZIP	Melbourne, Florida 32935	
TITLE	P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALEBORZATA MARJANSKA-FISH	
STREET ADDRESS	513-B N. Harbor City Blvd.	
CITY-ST-ZIP	Melbourne, Florida 32935	
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		

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:  **Paul G. Fish, CEO** Date **May 11, 00** Daytime Phone # **321-259-6400**
 Signature and typed or printed name of signing officer or director

CR2E034 (9/99)