

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045930

1. Entity Name

PLATINUM APARTMENTS, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90006 034 ***150.00

Principal Place of Business

Mailing Address

331 MATTHEW CIRCLE
TITUSVILLE FL 32780

331 MATTHEW CIRCLE
TITUSVILLE FL 32780-2208

2. Principal Place of Business

3. Mailing Address

8701 BAY CT

8701 BAY CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL FL

City & State

CAPE CANAVERAL FL

Zip

Country

32920

BREVARD

Zip

Country

32920

BREVARD

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, SALLY
331 MATTHEW CIRCLE
TITUSVILLE FL 32780

Name

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

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

SALLY V. SMITH
(NOTE: Registered Agent signature required when reinstating)

4-24-00
DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DAVID 331 MATTHEW CIRCLE TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SMITH, SALLY 331 MATTHEW CIRCLE TITUSVILLE FL 32780	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sally V. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 321-799-8693
Date Daytime Phone #

CR2E034 (9/99)