

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059375

1. Entity Name  
PLATINUM MOLDED PRODUCTS INC.FILED  
Jun 05, 2001 8:00 am  
Secretary of State

06-05-2001 90028 018 \*\*\*150.00

Principal Place of Business  
1241 TALLERVAST RD  
SARASOTA FL 34243Mailing Address  
1241 TALLERVAST RD  
SARASOTA FL 342432. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.4. City & State  
Zip5. City & State  
Zip

Country

4. FEI Number 52-2175751  
Applied For  
Not Applicable5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LETTY, RONALD  
1241 TALLERVAST RD  
SARASOTA FL 342437. Name and Address of New Registered Agent  
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

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

(NOTE: registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)FILE-NOW!  
After MAY 1, 2001  
Make Check PayableFEE IS \$150.00  
Fee will be \$550.00  
to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE P  Delete  
NAME HARDING, CRAIG K  
STREET ADDRESS 1241 TALLEVAST RD  
CITY-ST-ZIP SARASOTA FL 34243TITLE V  Delete  
NAME LETTY, RONALD J  
STREET ADDRESS 1241 TALLEVAST RD  
CITY-ST-ZIP SARASOTA FL 34243TITLE T  Delete  
NAME SHIVELY, SUSAN L  
STREET ADDRESS 1241 TALLEVAST RD  
CITY-ST-ZIP SARASOTA FL 34243TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  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 info empowered.

SIGNATURE: *Susan L. Shively*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER / DIRECTOR

04-30-01 941-3583044

Date

Daytime Phone #

CR2E034 (10/00)