

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S38166

Entity Name  
PLATING TECHNOLOGIES, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90143 041 \*\*\*150.00

Principal Place of Business

2201 SE INDIAN ST  
SUITE 06  
STUART FL 34997  
US

Mailing Address

2201 SE INDIAN ST  
SUITE 06  
STUART FL 34997  
US

Principal Place of Business

3536 S.E. Dixie Hwy  
Suite, Apt. #, etc.  
Box 8

3. Mailing Address

Suite, Apt. #, etc.  
Same

City & State

Stuart FL

City & State

Stuart FL

Zip

3497

Country

Mar: N

Zip

3497

Country

US

4. FEI Number

65-0253076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARTZOG, LOIS R.  
1329 SW COVERED BRIDGE ROAD  
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name HARTZOG Lois R  
Street Address (P.O. Box Number is Not Acceptable)  
1295 S.W. Covered Bridge Rd.  
(New Address)  
City Palm City FL Zip Code 34990

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 *Lois R. Hartzog*

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

1. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTZOG, LOIS R.	
STREET ADDRESS	1329 SW COVERED BRIDGE ROAD	
CITY-ST-ZIP	PALM CITY FL	
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	HARTZOG Lois R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1295 Covered Bridge Rd.	
STREET ADDRESS	Palm City FL - 34990	
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		
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		

3. 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:

*Lois R. Hartzog*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/4/02* *381-220-4201*  
Date Daytime Phone #

CR2E034 (9/01)