

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # H31956

1. Entity Name
A PERFECT SOLUTION, INC.

Principal Place of Business
 C/O FLANAGAN, PETER
 3676 COLLIN DR, #9
 WEST PALM BEACH FL 33401 US

Mailing Address
 C/O FLANAGAN, PETER
 3676 COLLIN DR, #9
 WEST PALM BEACH FL 33406 US

2. Principal Place of Business
 C/O FLANAGAN, PETER
 Suite, Apt. #, etc.
 1212 OLD BOYNTON ROAD

3. Mailing Address
 C/O FLANAGAN, PETER
 Suite, Apt. #, etc.
 P.O. BOX 3040

City & State
 BOYNTON BEACH FL

City & State
 BOYNTON BEACH FL

Zip
 33426

Country
 US

Zip
 33424

Country
 US

4. FEI Number
59-2474964

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FLANAGAN PETER
 3676 COLLIN DR
 STE. 9
 WEST PALM BEACH FL 33406 US

7. Name and Address of New Registered Agent
 Name
FLANAGAN PETER
 Street Address (P.O. Box Number is Not Acceptable)
 1212 OLD BOYNTON ROAD
 City
BOYNTON BEACH FL Zip Code
 33426

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 _____ **04/20/2001**
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!!! 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 STREET ADDRESS CITY-ST-ZIP	PSTD FLANAGAN, PETER 4723 OAK TERRACE DRIVE LAKE WORTH FL <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FLANAGAN PETER F 1212 OLD BOYNTON ROAD BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: PETER F. FLANAGAN **P** **04/20/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)