

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H31956

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: A PERFECT SOLUTION, INC.

**Current Principal Place of Business:**

C/O FLANAGAN, PETER  
1212 OLD BOYNTON ROAD  
BOYNTONBEACH, FL 33426 US

**New Principal Place of Business:**

C/O FLANAGAN, PETER  
1212 OLD BOYNTON ROAD  
BOYNTON BEACH, FL 33426 US

**Current Mailing Address:**

C/O FLANAGAN, PETER  
P.O. BOX 3040  
BOYNTON BEACH, FL 33424 US

**New Mailing Address:**

FEI Number: 59-2474964      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLANAGAN, PETER  
1212 OLD BOYNTON ROAD  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: FLANAGAN, PETER F  
Address: 1212 OLD BOYNTON ROAD  
City-St-Zip: BOYNTON BEACH, FL 33426 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER F. FLANAGAN

PSTD

04/29/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date