2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003
Secretary of State

DOCUMENT# L00000012938

Entity Name: PRACTICAL SOLUTIONS GROUP, LLC

Current Principal Place of Business:

4947 BOXWOOD CIR.
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

4947 BOXWOOD CIR.
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 65-1043119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURRELL, SHARON M
4947 BOXWOOD CIRCLE
BOYNTON BEACH, FL 33436 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: DOOLITY, SHELLEY
Address: 22 DALE STREET
City-St-Zip: MEDFIELD, MA 02052

Title: MGRM ( ) Delete
Name: TURRELL-NEUMANN, LORI
Address: 910 SW 27 AVE.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM ( ) Delete
Name: TURRELL, SHARON
Address: 4947 BOXWOOD CIR.
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DOOLITY, SHELLEY
Address: 214 CAUSEWAY ST
City-St-Zip: MEDFIELD, MA 02052

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHARON TURRELL MGRM 03/13/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date