FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000034064

1. Entity Name

A Personal Solution, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7350 S. Tamiami Tr.	2108 Demerse Ave
Suite, Apt. #, etc.: Unit 215	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Prescott, Az
Zip: 34231 Country: USA	Zip: 86301 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☒ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jeffrey A. Dowd, P.A.

Street Address (P.O. Box Number is Not Acceptable): 550 N. Reo Street, Suite 302

City: Tampa FL Zip Code: 33609

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: Jeffrey A. Dowd Pres. DATE: 4/29/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	Orlish, Harry F. III	NAME	
STREET ADDRESS	2108 Demerse Ave	STREET ADDRESS	
CITY-ST-ZIP	Prescott, Az 86301	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	Faulkner, Jeffrey B.	NAME	
STREET ADDRESS	2108 Demerse Ave	STREET ADDRESS	
CITY-ST-ZIP	Prescott, Az 86301	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	
NAME		NAME	**IN THIS SPACE**
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Harry F. Orlish 4/29/02 928-443-5101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #