## **2003 FOR PROFIT CORPORATION**

SIGNATURE:

UNIFORM BUSINESS REPORT (UBR)					Jul 10, 2003 0:00 am	
DOCUMENT # P01000048212					Secretary of State 07-18-2003 90075 050 ***150.00	
•	B SOLUTION, INC.	QV				
7765 LAKE W	ce of Business ORTH ROAD	Mailing Address 7765 LAKE WORTH ROAD		_		
#357 LAKE WORTH		#357 LAKE WORTH FL 33467				
			H:11 Bouler	vard		
Suite, Apt. #, etc. #22-200 #22-200			•		CHECK HERE IF MAKING CHANGES	
	ington FC	Wellington	FL	4.	NOT APPLICABLE  Applied For Not Applicable	
334	14 Country A	33414	Country	5.	Certificate of Status Desired Search Search Search Status Desired Fee Required	
	6. Name and Address of Current R			7.	Name and Address of New Registered Agent	
Name Thomas S. Crum						
CRUM, THOMAS S 7765 LAKE WORTH ROAD				Street Address (P.O. Box-Number is Not Acceptable Bove vard		
#357 LAKE WORTH FL 33467			# 4	#22-200		
Welling Ton FL 33419						
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE  Signature, typed Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DPS CRUM, THOMAS S 7765 LAKE WORTH ROAD #357 LAKE WORTH FL 33467	☐ Delete	NAME CITY-ST-7IP	uelli	m. Thomas 5 Forcest Hill Boulevard #22-200 ington, FL 33414	
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Secr 1924 Well	retary  retary  retary  Grange Addition  Reference of the state of the	
NAME STREET ADDRESS CITY-ST-ZIP	z .'.	□ Delete .	TITLE		☐-Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other-like empowered.						



4-po 600048212

July 16, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302

To Whom It May Concern:

I am writing to explain the oversight which caused our delinquency of filing this report and beg your pardon of the fine.

Recently, we moved and for a short time our mail did not appear to be forwarding properly. It is possible your original mailing may have been during this time.

This is not an excuse, as we are fully aware of this annual item that must be addressed, as you can see that we have filed promptly in the past.

We do not have \$550.00 readily available to send and if we did, it would put our business in a great financial budget constraint, as we are trying everything we can to stay afloat as it is.

Please accept our payment of the traditional \$150.00 fee and our 2003 Uniform Business Report. I personally assure your office that this will never happen again.

Should you have any questions, please do not hesitate to contact me.

Thank you.

Respectfully,

Thomas S. Crum President