

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 AM 8:07

DOCUMENT # <i>P09000007095</i>	
1. Entity Name	
A PLUS FINANCIAL SOLUTIONS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1531 39TH STREET		Suite, Apt. #, etc.	
City & State		City & State	
WEST PALM BEACH, FL			
Zip	Country	Zip	Country
33407-3633			

DO NOT WRITE IN THIS SPACE

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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	BARBARA FOUST	
	Street Address (P.O. Box Number is Not Acceptable)	
	3401 N.W. 202ND STREET	
	City	Zip Code
	MIAMI GARDENS	FL 33056

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE	PRESIDENT	TITLE	
NAME	DUDLEY MARSHALL	NAME	
STREET ADDRESS	1531 39TH STREET	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33407	CITY-ST-ZIP	
TITLE	VICE -PRESIDENT	TITLE	
NAME	NICOLE MARSHALL	NAME	
STREET ADDRESS	1531 39TH STREET	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33407	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/10/10--01002--029 **150.00

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

SIGNATURE:

Dudley Marshall

DUDLEY MARSHALL - PRESIDENT

4/19/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #