

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90184 016 ***158.75

DOCUMENT # P93000000425

1. Entity Name
PREFERRED SOLUTIONS, INC.



Principal Place of Business
**9301 GULF SHORE DR
NAPLES FL 34108
US**

Mailing Address
~~3690 BALI LANE~~
~~ESTERO FL 33928~~
US

30020333



2. Principal Place of Business

3. Mailing Address
5111 Santa Rosa Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.
1E

City & State

City & State
Cape Coral, FL

4. FEI Number **65-0377344**

Applied For
Not Applicable

Zip

Country

Zip
33904

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL, CHARLOTTE M

~~3690 BALI LANE~~
~~ESTERO FL 33928~~

Name **Paul, Charlotte M**

Street Address (P.O. Box Number is Not Acceptable)
5111 Santa Rosa Court, 1E

City **Cape Coral**

FL Zip Code **33904**

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 *Charlotte M. Paul* **CHARLOTTE M. PAUL**

2-12-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, DEANA C. 16251 DUBLIN CIRCLE FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAUL, RICHARD D 3690 BALI LANE ESTERO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL, CHARLOTTE M 3690 BALI LANE ESTERO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5111 Santa Rosa Court 1E Cape Coral, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5111 Santa Rosa Court 1E Cape Coral, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Charlotte M. Paul **CHARLOTTE M. PAUL** **2-12-03** **239** **597-5098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)