

**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

0R24325 AV

**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**

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Cape Coral, Fl**

4. FEI Number **65-0377344**

Applied For  
Not Applicable

Zip Country

Zip Country  
**33904 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  
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 Trust Fund Contribution.  **\$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	<b>V</b> <b>TURNER, DEANA C.</b> <b>16251 DUBLIN CIRCLE</b> <b>FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PAUL, RICHARD D</b> <del>3690 BALI LANE</del> <del>ESTERO FL</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PAUL, CHARLOTTE M</b> <del>3690 BALI LANE</del> <del>ESTERO FL</del>	<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	<b>5111 Santa Rosa Court 1E</b> <b>Cape Coral, Fl 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>5111 Santa Rosa Court 1E</del> <del>Cape Coral, Fl 33904</del>	<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)