

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90141 033 ***150.00

DOCUMENT # **P00000050145**

1. Entity Name
FUNDAMENTAL BUSINESS SOLUTIONS, INC.

Principal Place of Business
**14906 NORTHWOOD VILLAGE LANE
 TAMPA FL 33613**

Mailing Address
**POST OFFICE BOX 271384
 TAMPA FL 33688-1384**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
414C North SEA LAWE

3. Mailing Address
21807 JARVIS Square

Suite, Apt. #, etc.

City & State
FT WALTON BEACH, FL

City & State
ASHBURN, VA

4. FEI Number
59-3647534

Applied For
 Not Applicable

Zip
32548

Country
USA

Zip
20147

Country
USA

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

6. Name and Address of Current Registered Agent
**ROGERS, PAMELA
 14906 NORTHWOOD VILLAGE LANE
 TAMPA FL 33613**

7. Name and Address of New Registered Agent
 Name
LINDA HAYES
 Street Address (P.O. Box Number is Not Acceptable)
414C North SEA LAWE
 City
FT WALTON BEACH **FL** Zip Code
32548

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 *Linda Hayes* DATE **3/15/02**
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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROGERS, PAMELA 14906 NORTHWOOD VILLAGE LANE TAMPA FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROGERS, PAMELA 21807 JARVIS Square ASHBURN, VA 20147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **3/11/02** DAYTIME PHONE # **703-859-2285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)