

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0620760 AT

DOCUMENT # P00000050145



1. Entity Name
FUNDAMENTAL BUSINESS SOLUTIONS, INC.

04-17-2003 90128 027 ***150.00

Principal Place of Business
**414 C NORTH SEA LANE
FORT WALTON BEACH FL 32548**

Mailing Address
**21807 JARVIS SQUARE
ASHBURN VA 20147**



2. Principal Place of Business

3. Mailing Address
604 S. LINCOLN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
STERLING VA

4. FEI Number
59-3647534

Applied For
Not Applicable

Zip Country

Zip Country
20164 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

**HAYES, LINDA
414 C NORTH SEA LANE
FORT WALTON BEACH FL 32548**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **4/12/03**

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PVST ROGERS, PAMELA**
STREET ADDRESS **21807 JARVIS SQUARE**
CITY-ST-ZIP **ASHBURN VA 20147**

TITLE Change Addition
NAME **PORTER, PAMELA**
STREET ADDRESS **604 S. LINCOLN AVE**
CITY-ST-ZIP **STERLING, VA 20164**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03 703 220 8588
Date Daytime Phone #

CR2E034 (10/02)