

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

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90063 009 ***150.00

DOCUMENT # P00000048173
1. Entity Name
101 Solutions, Inc.

DO NOT WRITE IN THIS SPACE

825292

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1881 Pine Bay Drive
Suite, Apt. #, etc.
City & State
Lake Mary, FL
Zip
32746
Country
Seminoke

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-3651538
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Brent L. Moody
Street Address (P.O. Box Number is Not Acceptable)
515 E. Las Olas Blvd Suite 1500
City Ft Lauderdale FL Zip Code 33301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title # 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.
(See criteria on back)

January 1st - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

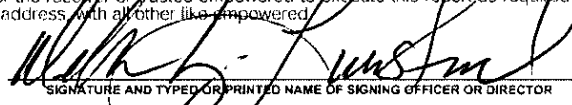
11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Lunsford, Debra Y
STREET ADDRESS	1881 Pine Bay Drive
CITY - ST - ZIP	Lake Mary, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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

SIGNATURE:  DATE: 2/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)