

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90018 009 \*\*\*150.00

**DOCUMENT # P00000072091****1. Entity Name****THE FUNCTIONAL SOLUTIONS GROUP, INC.****Principal Place of Business****146 2ND ST. NORTH, SUITE 310  
ST. PETERSBURG FL 33701****Mailing Address****146 2ND ST. NORTH, SUITE 310  
ST. PETERSBURG FL 33701****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number****593663329**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****NORGREN, KELLY  
146 2ND ST. NORTH, SUITE 310  
ST. PETERSBURG FL 33701****7. Name and Address of New Registered Agent**

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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)****FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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****TITLE** **D** ☐ Delete  
**NAME** **NORGREN, KELLY**  
**STREET ADDRESS** **110-21ST AVE.**  
**CITY-ST-ZIP** **ST. PETERSBURG BCH FL 33706****TITLE** **D** ☐ Delete  
**NAME** **SMITH, WILLIAM**  
**STREET ADDRESS** **110-21ST AVE.**  
**CITY-ST-ZIP** **ST. PETERSBURG BCH FL 33706****TITLE** **D** ☒ Delete  
**NAME** **VAZQUEZ, ROBERT**  
**STREET ADDRESS** **4403 7TH ST. EAST, APT. 5**  
**CITY-ST-ZIP** **ELLENTON FL 34222****TITLE** **D** ☒ Delete  
**NAME** **BREWINGTON, MARC**  
**STREET ADDRESS** **1501 LIONS CLUB DR.**  
**CITY-ST-ZIP** **BRANDON FL 33511****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Change ☒ Addition  
**NAME** **FREDRICK J. LAUER**  
**STREET ADDRESS** **3243 SPRINGWOOD DRIVE**  
**CITY-ST-ZIP** **CLEARWATER, FL 33761****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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 and typed or printed name of signing officer or director

**MARCH 5, 2001**

Date

**727-502-5002**

Daytime Phone #

CR2E034 (10/00)