

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0108955
 AV

DOCUMENT # P00000072091

1. Entity Name

THE FUNCTIONAL SOLUTIONS GROUP, INC.

04-02-2002 90105 024 ***150.00

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

222 Old Mill Circle

3. Mailing Address

P.O. BOX 22654

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee FL

City & State

Lake Buena Vista FL

4. FEI Number

59-3663328

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

32830

Country

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

NORGREN, KELLY

**146 2ND ST. NORTH, SUITE 310
 ST. PETERSBURG FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

222 Old Mill Circle

Kissimmee

FL

Zip Code 34746

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

Kelly Norgren, President (Kelly Norgren, Pres.)

3/20/02

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, 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 **D** ☐ Delete
 NAME **NORGREN, KELLY**
 STREET ADDRESS **110-21ST AVE.**
 CITY-ST-ZIP **ST. PETERSBURG BCH FL 33706**

TITLE **President, P** ☒ Change ☐ Addition
 NAME **Kelly Galea**
 STREET ADDRESS **222 Old Mill Circle**
 CITY-ST-ZIP **Kissimmee FL 34746**

TITLE **D** ☐ Delete
 NAME **SMITH, WILLIAM**
 STREET ADDRESS **110-21ST AVE.**
 CITY-ST-ZIP **ST. PETERSBURG BCH FL 33706**

TITLE ☒ Change ☐ Addition
 NAME **222 Old Mill Circle**
 STREET ADDRESS **Kissimmee FL 34746**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LAUER, FREDRICK J**
 STREET ADDRESS **3243 SPRINGWOOD DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33761**

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

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: Kelly Norgren, President 3/20/02 4078281853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)