

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90049 049 ***150.00

DOCUMENT # P98000095827

1. Entity Name

H.F.S. VIRGINIA, INC.

Principal Place of Business

**6204A GRAVEL AVE
 ALEXANDRIA VA 22310**

Mailing Address

**500 FAIRWAY DRIVE
 204
 DEERFIELD BEACH FL 33441**

940001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0874851**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHAMBERLAND, MARC J
 500 FAIRWAY DRIVE 103A
 DEERFIELD BEACH FL 33441**

Name **MARC CHAMBERLAND**

Street Address (P.O. Box Number is Not Acceptable)
**500 FAIRWAY DRIVE
 Suite 204**

City **Deerfield Beach FL** Zip Code **33441**

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

MARC CHAMBERLAND

4/2/01

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. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PS CHAMBERLAND, MARC J**
 STREET ADDRESS **1112 WESTON ROAD SUITE 221**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE Change Addition
 NAME **P, S, O MARC CHAMBERLAND**
 STREET ADDRESS **500 FAIRWAY DRIVE Suite 204**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE Delete
 NAME **P HERRVE, KENNETH**
 STREET ADDRESS **418 S MILITARY TR**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Change Addition
 NAME **VP KENNETH HERRVE**
 STREET ADDRESS **500 FAIRWAY DRIVE Suite 204**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE Delete
 NAME **VP HOLTON, PAMELA**
 STREET ADDRESS **6204A GRAVEL AVE**
 CITY-ST-ZIP **ALEXANDRIA VA**

TITLE Change Addition
 NAME **VP PAMELA HELTON**
 STREET ADDRESS **6204A GRAVEL AVE**
 CITY-ST-ZIP **ALEXANDRIA VA 22310**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/01

(954) 5961930

Daytime Phone #