

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 488248

1. Entity Name

ENVISORS, INC.

Principal Place of Business

2105 DUNDEE RD.
P.O. BOX 9309
WINTER HAVEN FL 33883-9309

Mailing Address

2105 DUNDEE RD.
P.O. BOX 9309
WINTER HAVEN FL 33883-9309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1632398

Applied For

Not Applicable

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

DARDEN, DOUGLAS M.
6781 WINTERSET GARDENS RD
WINTER HAVEN FL 33884

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	DP	<input type="checkbox"/> Delete
NAME	DARDEN, DOUGLAS M	
STREET ADDRESS	6781 WINTERSET GARDENS RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MURPHY, DEBORAH	
STREET ADDRESS	119 PANGOLA DRIVE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	HIGGINS, BETH L	
STREET ADDRESS	6781 WINTERSET GARDENS RD.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHEALEY, STEVEN C	
STREET ADDRESS	2585 HIGHLANDS VUE PKWY	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ELIAS, STEVEN L	
STREET ADDRESS	1440 WYNGATE LANE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, ROBERT A.	
STREET ADDRESS	210 LENA VISTA BLVD.	
CITY-ST-ZIP	AUBURNDAL, FL 33823	

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

DEBORAH L. MURPHY

01/8/01

863-324-1112

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

00005720

CR2E034 (10/00)

0033183

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90042 031 ***158.75