

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90338 032 \*\*\*158.75

**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

4. FEI Number **59-1632398**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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 **DP** ☐ Delete  
NAME **DARDEN, DOUGLAS M**  
STREET ADDRESS **6781 WINTERSET GARDENS RD**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVT** ☒ Delete  
NAME **MURPHY, DEBORAH**  
STREET ADDRESS **119 PANGOLA DRIVE SW**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Change ☒ Addition  
NAME **KUMAR, PRADEEP**  
STREET ADDRESS **2571 PARTRIDGE DRIVE**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **DVS** ☐ Delete  
NAME **HIGGINS, BETH L**  
STREET ADDRESS **6781 WINTERSET GARDENS RD.**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **SHEALEY, STEVEN C**  
STREET ADDRESS **2585 HIGHLANDS VUE PKWY**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **ELIAS, STEVEN L**  
STREET ADDRESS **1440 WYNGATE LANE**  
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **136 LAKE OTIS ROAD**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **DV** ☐ Delete  
NAME **STEVENS, ROBERT A**  
STREET ADDRESS **210 LENA VISTA BLVD.**  
CITY-ST-ZIP **AUBURNDAL FL 33823**

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: *Douglas M Darden* **DOUGLAS M. DARDEN, P.E.** 4/9/02 (863) 324-1112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)