

03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 24 PM 12:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F02000000569

1. Entity Name

ENVISION Pharmaceutical
Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

237 Tramway Drive PO Box 6957

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B Box 6957

DO NOT WRITE IN THIS SPACE

City & State

Stateline, NV.

City & State

Stateline, NV.

4. FEI Number

88-0511398

Applied For

Not Applicable

Zip

89449

Country

USA

Zip

89449

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Capitol Corporate Services Inc.

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

1333 N. Duval Street

City

Tallahassee

FL

Zip Code

32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Kevin Nagle
PO Box 4470
Stateline, Nevada 89449

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
David Batrick
PO Box 4470
Stateline, Nevada 89449

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
Barry Katz
PO Box 4470
Stateline, Nevada 89449

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12. 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. BATRICK, Secretary

6/17/03

Date

Daytime Phone #

CR2034B (12/02)

7/6/24