9/12/2002-90089-043-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
2002 OCT 22 PM 12:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

43156

[redacted]

DO NOT WRITE IN THIS SPACE

1. Entity Name
ENVISION CONSULTING, LLC

Principal Place of Business
1034 WEATHERSFIELD DRIVE
SUITE 200
DUNEDIN FL 34698-6433
US

Mailing Address
1034 WEATHERSFIELD DRIVE
SUITE 200
DUNEDIN FL 34698-6433
US

2. Principal Place of Business: 300 S. DUNCAN AVE
Suite, Apt. #, etc.: SUITE 237
City & State: CLEARWATER FL
Zip: 33755-6400 Country:

3. Mailing Address: 300 S. DUNCAN AVE
Suite, Apt. #, etc.: Suite 300
City & State: Clearwater FL
Zip: 33755-6400 Country:

4. FEI Number: 59-3713722 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BARNARD, GEORGE I
1034 WEATHERSFIELD DRIVE
~~SUITE 200~~
DUNEDIN FL 34698-6433

7. Name and Address of New Registered Agent
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. 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING PARTNER
NAME	GEORGE I BARNARD
STREET ADDRESS	1034 Weathersfield Drive
CITY-ST-ZIP	DUNEDIN FL 34698-6433
TITLE	PARTNER
NAME	TRACI J. RINOLDO
STREET ADDRESS	2308 N MASSACHUSETTS AVE
CITY-ST-ZIP	TAMPA FL 33601

10. ADDITIONS/CHANGES

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 09.03.02 Daytime Phone #