

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90174 001 ***150.00

973191

DO NOT WRITE IN THIS SPACE

DOCUMENT # M97605
1. Entity Name INVISION INCORPORATED

Principal Place of Business JEANNIE M. WALLACE 3 ELKWOOD CT SHALIMAR FL 32579	Mailing Address JEANNIE M. WALLACE 3 ELKWOOD CT SHALIMAR FL 32579
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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 59-2907038	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLACE, JEANIE M. 3 ELKWOOD CT SHALIMAR FL 32579	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
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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: *Jeannie M. Wallace* **8/2/02 850-651-7088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

1497608 973191

InVision, Inc.
785 Blvd. of Champions
Shalimar, FL 32579
850-651-7088

August 2, 2002

Florida Dept. of State
Division of Corporation
P. O. Box 1500
Tallahassee, FL 32302-1500

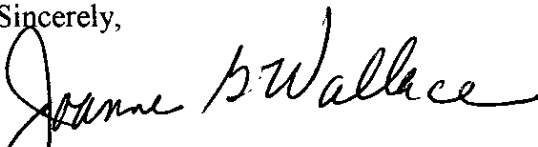
Gentlemen:

Enclosed is our Uniform Business Report for 2002.

Unfortunately, we did NOT receive the initial mailing and are past the filing date.

Please accept our apologies and accept our report and check for \$150.00 to renew our corporate status.

Sincerely,



Joanne Wallace
Vice President
