

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90998 043 ****61.25

0040097

DOCUMENT # N00000003560

1. Entity Name

ENVISION LEARNING CORPORATION



Principal Place of Business

**7565 ULMERTON
LARGO FL 33771**

Mailing Address

**7565 ULMERTON RD.
LARGO FL 33773**

2. Principal Place of Business

12171 77th ST. N.

Suite, Apt. #, etc.

3. Mailing Address

12171 77th ST. N.

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Largo FL

Zip

33773

Country

Pineellas

Zip

33773

Country

Pineellas

4. FEI Number **59-3579529**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, MARK E
12171 77TH STREET NORTH
LARGO FL 33773-3113**

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-27-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, MARK	
STREET ADDRESS	12171 77TH STREET NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MARTIN, BOBBI M	
STREET ADDRESS	12171 77TH STREET NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EITEL, GINNIE	
STREET ADDRESS	3200 34TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03

Date

Daytime Phone #

CR2E037 (10/02)