

# 2001 UNIFORM BUSINESS REPORT (UBR)

4

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 04-06-2001 90029 013 \*\*\*150.00

**DOCUMENT # P00000101718**

1. Entity Name

**ENVISION INCORPORATED**

Principal Place of Business

6700 KINGSWOOD DR N  
 ST PETERSBURG FL 33702

Mailing Address

6700 KINGSWOOD DR N  
 ST PETERSBURG FL 33702

2. Principal Place of Business

6700 Kingswood Dr N

3. Mailing Address

6700 Kingswood Dr N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Petersburg FL

City & State

ST. Petersburg FL

Zip

33702

Country

USA

Zip

33702

Country

USA

4. FEI Number

☒

Applied For

Not Applicable

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

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

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

(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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE ☐ Delete  
 NAME officer / owner / Director  
 STREET ADDRESS michelle Ibarra  
 CITY-ST-ZIP 6700 KINGSWOOD DR N  
 ST. PETERSBURG FL 33702

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

330-01 (727) 528-7814

CR2E034 (10/00)