

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000051297

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

**Entity Name:** ENVISION TECHNICAL SOLUTIONS, INC.

## Current Principal Place of Business:

8815 CONROY WINDERMERE RD., #160  
ORLANDO, FL 32835

## New Principal Place of Business:

8815 CONROY WINDERMERE RD  
ORLANDO, FL 32835

## Current Mailing Address:

8815 CONROY WINDERMERE RD., #160  
ORLANDO, FL 32835

## New Mailing Address:

8815 CONROY WINDERMERE RD.  
ORLANDO, FL 32835

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

WILLIAMS, BARRY L  
501 NORTH MAGNOLIA AVE.  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS ( ) Change (X) Addition  
Name: MOUNT, KIMBERLY  
Address: 8815 CONROY WINDERMERE RD  
City-St-Zip: ORLANDO, FL 32835 US

Title: MR ( ) Change (X) Addition  
Name: CRUMP, ARTHUR A  
Address: 8815 CONROY WINDERMERE RD  
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY MOUNT

MS

04/30/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date