

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106391

1. Entity Name  
ENVIROMENTAL DESIGN VISIONS, INC.



**ENVIRONMENTAL DESIGN VISIONS, INC.**

Principal Place of Business  
400 HOPE ST.  
TARPON SPRINGS FL 34689

Mailing Address  
PO BOX 400  
SAFETY HARBOR FL 34695

FILED  
03 JUN 23 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 30-0048021

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUNDERS, DEBORAH MS.

1881 BUTTONWOOD DRIVE  
GLDSMAR FL 34677

P.O. Box 400  
Safety Harbor, FL  
34695

Name

Street Address (P.O. Box Number is Not Acceptable)

400 Hope Street

City

Tarpon Springs

FL

Zip Code

34689

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 *Deborah Saunders*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*June 10, 2003*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME SAUNDERS, DEBORAH MS.  
STREET ADDRESS POST OFFICE BOX 400  
CITY-ST-ZIP SAFETY HARBOR FL 34695-0400

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

TITLE ☐ Delete  
NAME MEINCKE, JAMIE A MR.  
STREET ADDRESS POST OFFICE BOX 784  
CITY-ST-ZIP SAFETY HARBOR FL 34695-0784

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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 607, 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:

*Deborah Saunders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 1, 2003*

Date

Daytime Phone #

CR2E034 (10/02)