2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSIN	ESS	REPOR	Ţ (L	JBR)	/						
DOCUMENT # P01000106391 1. Entity Name ENVIROMENTAL DESIGN VISIONS, INC.							O3 JUN 23 PM 3: 14					
ENVIRONMENTAL DESIGN VISIONS INC							JUN 23 PH 2					
Principal Place of Business 400 HOPE ST. TARPON SPRINGS FL 34689			Malling Address PO Box 400 SAFETY HARBOR FL 34695				SECRETARY OF STATE					
, :												
2. Principal P	Place of Business	3. Maili	3. Mailing Address				-}					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				l Number	30-004802	1	_ 	plied For t Applicable	
Zip Country			Zip Country			5. Ce	S. Certificate of Status Desired Service Required Service Required					
	d Agent			7. Na	me and A	ddress of New F						
Name CALINDEDS DEPORAL MS												
SAUNDERS, DEBORAH MS. 1801 BUTTONWOOD BRIVE PO B ON 400 Street Address (cNúmbërl	S Not Acceptable)******			
1801 BUTTONWOOD BREVE P.O. Box 400 Street Address (400 Supply Hoslor, F1 Supply Hoslor, F1								المراسيد				
-	Safel	7	241.41		City-				FL	Zip Code	900	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, if the State of Florida. I am famillar with, and accept the obligations of registered agent.												
SIGNATURE Delocal Sounds Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE												
	ILE NOW!!! FEE IS \$150.00	t and time it appli	Cable. (NOTE	- negistered	- Agent signature requ	Olieo when realls			UNIC	-		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						į		on Campaign Fir Fund Contributio			May Bé to Fees	
10.	OFFICERS AND	*	RS	11.		ADD	ITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME	D Saunders, Deborah Ms.		☐ Delete	TITLE	1				~	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	POST OFFICE BOX 400 SAFETY HARBOR FL 34695-04	00	ı		STREET ADDRESS CITY-ST-ZIP						ł	
TITLE	D LANGE AND		Delete	TITLE	Car.	***		¬w.,		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MEINCKE, JAMIE A MR. POST OFFICE BOX 784 SAFETY HARBOR FL 34695-07	0.4			T ADDRESS ST-zipj	n		00210 301065-	81,24		-	
TITLE	SAFETT HANDON TE 34093-07	04	☐ Delete	TITLE		<u>ij</u>	<u> </u>	<u> </u>	<u>-U22 *</u>	<u>*150. ()</u> □ Change	☐ Addition	
NAME STREET ADDRESS	,		T. 777 - ,	NAME STREE	ET ADDRESS							
CITY-ST-ZIP		<u> </u>		_	ST-ZIP=====		<u> </u>				·	
NAME			L. Delete	TITLE					-	☐ Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP	•						
TITLE			Delete	TITLE						Change	Addition	
NAME				NAME				,	7/	٠	(
STREET ADDRESS CITY-ST-ZIP			•	CITY-	T ADDRESS ST-ZIP		Tu	lewis	1/1/0	73		
indicated	certify that the information supplied wit on this report or supplemental report i	n this filing o s true and a	toes not qualify for ccurate and that m	the exen by signati	nption stated in ure shall have th	Section 11 he same led	9.07(3)(i), l al effect a	Florida Statutes. I s if made under d	furthef certi ath; that I ar	fy that the in n an officer	formation or director	

2. Thereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes: Flurther 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2003

Daytime Phone #