

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001403

1. Entity Name

INVISION MANAGEMENT SERVICES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90036 005 ***150.00

Principal Place of Business

605 CRESCENT EXECUTIVE CT.
 SUITE 300
 WINTER PARK FL 32746

Mailing Address

605 CRESCENT EXECUTIVE CT.
 SUITE 300
 WINTER PARK FL 32746-2104

2. Principal Place of Business

2909 FAIRGREEN ST.

3. Mailing Address

2909 FAIRGREEN ST.

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3417608

Applied For

Not Applicable

Zip

32803

Country

US

Zip

32803

Country

US

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

BATTAGLIA, W.P. ESQ.
 100 LINCOLN AVE.
 WINTER PARK FL 32789

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **CHREST, STEVEN L**
 STREET ADDRESS **451 QUEENBRIDGE DR**
 CITY-ST-ZIP **LAKE MARY FL 32946**

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

TITLE **D** ☐ Delete
 NAME **CHREST, AMY M**
 STREET ADDRESS **451 QUEENBRIDGE DR**
 CITY-ST-ZIP **LAKE MARY FL 32946**

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

TITLE **D** ☐ Delete
 NAME **TRESSLER, RICHARD W JR**
 STREET ADDRESS **4413 YACHTMANS CT**
 CITY-ST-ZIP **ORLANDO FL 32812**

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

TITLE ☐ Delete
 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:

Richard W. Tressler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

4072103500
 Daytime Phone #

CR2E034 (9/99)