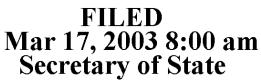
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 368331



1. Entity Name CARVERS ENTERPRISES, INC.					03-17-2003 91084 011 ***150.00	
Principal PI 7220 NATH/ MILTON FL	·=	Mailing Address 7220 NATHAN LANE MILTON FL 32570				
2. Principa	al Place of Business	3. Mailing Address				
Suite Ar	ot # ato			A STATE OF THE STA) BIBN 188	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	1 19 13 19909	lied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired 57 \$8.75 Additi	Applicab ional	
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent		
CADVED			Name	and Addition of them negistered Agent		
CARVER, SIBYL M. 7220 NATHAN LANE			Street	Street Address (P.O. Box Number is Not Acceptable)		
	FL 32570		<u> </u>			
	•		City	FS Tio Code		
8. The above named entity submits this statement for the purpose of changing its			its registered office of	office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
the obliga	ations of registered agent.	. ,	no regionaled childe (" registered agent, or both, in the State of Florida. I am familiar with, an	d accept	
SIGNATURE	Cignoture			_		
	Signature, typed or printed name of registered ag	jent and title if applicable. (N	OTE: Registered Agent signa	ture required when reinstating) DATE	 -	
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 er May 1, 2003, Fee will be \$550.0 ck Payable to Florida Department	t of State		9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added to	May Be Fees	
10. TITLE	PD OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	V 11	
NAME	CARVER, STANLEY A.	☐ Delete	TITLE		Addition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS			
TITLE	VS					
			CITY-ST-ZIP			
NAME	CARVER, S. ELLEN	☐ Delete	CITY-ST-ZIP TITLE NAME	⊠ Change □	Addition	
STREET ADDRESS	CARVER, S. ELLEN 1200 E LARVA		TITLE NAME STREET ADDRESS	4425 Amberwood Grele	<u>.</u>	
STREET ADDRESS CITY-ST-ZIP	CARVER, S. ELLEN 1200-E LARVA PENSACOLA: FL 92501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4425 Amberwood Grale PACE, Fl 32571	<u>.</u>	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	CARVER, S. ELLEN 1200 E LARVA PENSACOLA: EL 32501 VS CARVER, RALPH S		TITLE NAME STREET ADDRESS	4425 Amberwood Grela PACE, Fl 92571	<u>.</u>	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CARVER, S. ELLEN 1200 E LARVA PENSACOEA EL 32501 VS CARVER, RALPH S 7220 NATHAN LANE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4425 Amberwood Grela PACE, Fl 92571	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARVER, S. ELLEN 1200 E LARVA PENSACOEA EL 32501 VS CARVER, RALPH S 7220 NATHAN LANE MILTON FL 32570	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	4425 Amberwood Grela PACE, Fl 92571	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CARVER, S. ELLEN 1200 E LARVA PENSACOEA EL 32501 VS CARVER, RALPH S 7220 NATHAN LANE MILTON FL 32570	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	4425 Amberwood Grele PACE, Fl 32571	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS TY-ST-ZIP	CARVER, S. ELLEN 1200 E LARVA PENSACOEA EL 32501 VS CARVER, RALPH S 7220 NATHAN LANE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	4425 Amberwood Grele PACE, Fl 32571	Addition Addition	
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STREET ADDRESS DITY-ST-ZIP TITLE IAMME TREET ADDRESS ITY-ST-ZIP TITLE AME TREET ADDRESS TY-ST-ZIP TITLE AMME TREET ADDRESS TY-ST-ZIP TLE AMME TREET ADDRESS TY-ST-ZIP TLE TLE TREET ADDRESS TY-ST-ZIP TLE	CARVER, S. ELLEN 1200 E LARVA PENSACOEA EL 32501 VS CARVER, RALPH S 7220 NATHAN LANE MILTON FL 32570	□ Delete M □ Delete Ave 32570 □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4425 Amberwood Grele PACE, Fl 32571 Change Change	Addition Addition Addition	

mental 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 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

SIGNATURE: