

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
03-06-2001 90342 011 ****61.25

DOCUMENT # 753724

1. Entity Name

CARVER FINANCE INCORPORATED

Principal Place of Business

**2400 TAMiami TRAIL N.
SUITE 303
NAPLES FL 34102**

Mailing Address

**2400 TAMiami TRAIL N.
SUITE 303
NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0127536

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NICK, PAUL C
1000 TAMiami TRAIL N., #503
NAPLES FL 33940**

Name **Paul Nick**

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

**2400 Tamiami Trail North
Suite 303**

City **Naples**

FL

Zip Code **34102**

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Delete
NAME **NICK, PAUL C.**
STREET ADDRESS **1000 TAMiami TRAIL N., #503**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
NAME **2400 Tamiami Trail North Suite 303**
STREET ADDRESS **Naples FL 34102**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **LODGE, MCKEE C**
STREET ADDRESS **53 BROAD AVE S**
CITY-ST-ZIP **NAPLES, FL**

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

TITLE **VD** ☐ Delete
NAME **WHITTAKER, JAMES**
STREET ADDRESS **578 13TH STREET N**
CITY-ST-ZIP **NAPLES FL 34102**

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
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 617, 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: **Paul Nick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/01 941-261-8337

CR2E037 (10/00)