2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9800001497 May 07, 2000 8:00 am 1. Entity Name Secretary of State CARVER MACHINE WORKS, INC. 05-07-2000 90019 017 ***150.00 Principal Place of Business Mailing Address 129 CHRISTIAN CAMP RD. 129 CHRISTIAN CAMP RD. WASHINGTON NC 27889 WASHINGTON NC 27889 **66160000** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 56-1250308 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SATURDAY, BILLY P Street Address (P.O. Box Number is Not Acceptable) 3107 SPRING GLEN RD., #207 JACKSONVILLE FL 32207 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS **Addition** TITLE Delete DAVID L. CARVER MYERS, WILLIAM C NAME PO BOX 187 STREET ADDRESS STREET ADDRESS 103 GOOSE CREEK RD. CITY-ST-ZIP CITY-ST-ZIP WASHINGTON NC 27889 **27808** ☐ Delete TITLE TITLE BRANCH NAME MAY, S C NAME STREET ADDRESS STREET ADDRESS 113 SOUTHRIDGE DR. GREENVILLE, NC 27834 CITY-ST-7IP CITY-ST-ZIP **GREENVILLE NC 27858** ☐ Change ☐ Addition Delete TITLE CLARK, JAMES W III NAME NAME STREET ADDRESS STREET ADDRESS 4500 TREETOPS CIRCLE CITY-ST-ZIP CITY-ST-7IP WINTERVILLE NC 28590 ☐ Addition DC ☐ Delete TITLE SEGRAVE, THOMAS NAME NAME ROCKSPAINL RD STREET ADDRESS STREET ADDRESS 200-INDUSTRIAL BLVD. CITY-ST-7IP CITY-ST-ZIP **GREENVILLE NC 27835** ☐ Change ☐ Addition D ☐ Delete TITLE BLAIR, JAMES NAME STREET ADDRESS STREET ADDRESS 1206 CHARLES BLVD. CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE NC 27835** ☐ Delete TITLE ☐ Change ☐ Addition **OESTREICH, WAYNE** NAME STREET ADDRESS WEST 3RD STREET EXT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WASHINGTON NC 27889** 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description Printed Name OF SIGNING OFFICER OR DIRECTOR

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 a physical proposed.

SIGNATURE: