

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90039 005 ***150.00

0004099 AV

DOCUMENT # L38292

1. Entity Name

CARVER CERAMIC TILE & MARBLE, INC.

Principal Place of Business

~~RT 1, BOX 156-5~~
LAKE CITY FL 32055
US

Mailing Address

RT. 1. BOX 156-5
LAKE CITY FL 32055
US



2. Principal Place of Business

RT. 16 Box 38956
Suite, Apt. #, etc.

Lake City

Lake City, FL.
City & State

32055
Zip

Columbia
Country

Mailing Address

RT. 16 Box 38956
Suite, Apt. #, etc.

Lake City

Lake City, FL.
City & State

32055
Zip

Columbia
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2979176**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARVER, DONNIEHUE
~~RT 1, BOX 156-5~~ **RT. 16 Box 38956**
LAKE CITY FL 32055 Lake City, FL 32055

7. Name and Address of New Registered Agent

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 *Donniehue Carver*
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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CARVER, DONNIEHUE	
STREET ADDRESS	RT 1 BOX 156-5 RT. 16 Box 38956	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CARVER, CORNELIA A.	
STREET ADDRESS	RT 1 BOX 156-5 RT. 16 Box 38956	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donniehue Carver* **Donniehue CARVER** 3/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-755-9563

CR2E034 (9/01)