

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91010 048 ***150.00

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DOCUMENT # P94000082075

1. Entity Name
CARVER POND, INC.



Principal Place of Business
**600 CLEVELAND STREET SUITE 970
CLEARWATER FL 34615**

Mailing Address
**C/O ELISE WINTERS
800 CLEVELAND ST STE 940
CLEARWATER FL 34615
US**

2. Principal Place of Business
1105 Schrock Road

3. Mailing Address
1105 Schrock Road

Suite, Apt. #, etc.
Suite 206

Suite, Apt. #, etc.
Suite 206

City & State
Columbus, OH

City & State
Columbus, OH

Zip
43229

Country

Zip
43229

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3278266

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WINTERS, ELISE K
600 CLEVELAND ST STE 940
CLEARWATER FL 133 No. Ft. Harrison Avenue
Clearwater, FL 33755**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VPAS** ☐ Delete
NAME **MCVAY, TOM D**
STREET ADDRESS **1105 SCHROCK ROAD SUITE 206**
CITY-ST-ZIP **COLUMBUS OH**

TITLE **VPS** ☐ Delete
NAME **DEAN, DENNIS E**
STREET ADDRESS **600 CLEVELAND ST STE 970**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **PT** ☐ Delete
NAME **WHALEY, RICHARD J**
STREET ADDRESS **1105 SCHROCK RD STE 206**
CITY-ST-ZIP **COLUMBUS OH**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **140 Island Way - #230**
CITY-ST-ZIP **Clearwater, FL 33767**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 607, 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:

STORATRE MCVAY V.P. 4-28-03 614/431-0722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)