2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000094226**

CARVER FINANCIAL SERVICES, INC.

Principal	Place o	t Business
4500	AULEO	DONE

Mailing Address

4170 VERSAILLES DRIVE

	**** FL 32808		ORLANDO FL 3280					
2.	Principal Place of Busin	ness	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
	City & State		City & State					
	Zip	Country	Zip		Country			

FILED Feb 28, 2000 8:00 am Secretary of State

02-28-2000 90062 003 ***150.00

UII TITU

Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Country Zip Country Sp. 3285719 Applied 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address	Principal Place of Business								
Zip Country Zip Country 5, Certificate of Status Desired Agent Status Status Desired Agent Status Status Status Desired Agent Status S	Suite, Apt. #, etc. Suite, Apt. #, etc.								
Signature from the purpose of changing its registered agent or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is elligible to satisfy its intangible fax little goodwear and about 50 db so. (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. PCARL A CARVER CARL A CARVER 1170 VERSAILLES DRIVE OFFICERS AND DIRECTORS IN THE STREET ADDRESS OTH ST. 2P ONLY OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 11. THE STREET ADDRESS OTH ST. 2P ORIGINATOR 12. ORIGINATOR 12. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. THE STREET ADDRESS OTH ST. 2P ORIGINATOR 12. ORIGINATOR 12. ORIGINATOR 12. OFFICERS AND DIRECTORS 11. THE NAME STREET ADDRESS OTH ST. 2P ORIGINATOR 12. ORIGINATOR 12. ORIGINATOR 12. ORIGINATOR 12. ORIGINATOR 12. OFFICERS AND DIRECTORS 11. THE NAME STREET ADDRESS OTH ST. 2P ORIGINATOR 12. O			City & State	City & State		4. FEI Number 59-3285719			plied For t Applicable
CARVER, CARL A 4170 VERSAILLES DRIVE ORLANDO FL 32808 City FL Zip Code 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 SIGNATU	Zip .	Country	Zip	Country	5. (Certificate of Status Desired [.75 Add	litional
CARVER, CARL A 4170 VERSAILLES DRIVE ORLANDO FL 32808 City FL Zip Code City FL Zip Code 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 Signature, typed or pirited name of registered agent and title if applicable. (NOTE Registered Agent algorition is elligible to satisfy its intangible Tark filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRRET ADDRESS CITY-ST-ZIP CRARL A CARVER 4170 VERSAILLES DRIVE ORLANDO FL 32808 CITY-ST-ZIP CHANGE SIRRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE CARVER CARVER, CARL A CRARGE ADDRESS CITY-ST-ZIP CONT-ST-ZIP CHANGE SIREET ADDRESS CITY-ST-ZIP CONT-ST-ZIP CHANGE SIREET ADDRESS CITY-ST-ZIP CHANGE SIREET A	-	6. Name and Address of Current I	Registered Agent	<u> </u>	7. 1	Name and Address of New Regis	tered Age	nt	
A 170 VERSAILLES DRIVE ORLANDO FL 32808 City				Name	Name				
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 Fiorida. Signature Signature Signature, typed or prised name of registered agent and toe if applicable. P. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) P. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) P. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS Delete ITILE MAME STREET ADDRESS OTY-ST-2P ORLANDO FL 32808 OTY-ST-2P ORLANDO FL 32808 OTY-ST-2P ORLANDO FL 32808 OTY-ST-2P ORLANDO FL 32808 OTY-ST-2P TITLE NAME STREET ADDRESS OTY-ST-2P ORLANDO FL 32808 OTY-ST-2P TITLE NAME STREET ADDRESS OTY-ST-2P ORLANDO FL 32808 OTY-ST-2P TITLE NAME STREET ADDRESS OTY-ST-2P ORLANDO FL 32808 OTY-ST-2P TITLE NAME STREET ADDRESS OTY-ST-2P TITLE T	4170 VERSAILLES DRIVE			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible and elects to do so. (See criteria on back) This filting requirement and elects to do so. (See criteria on back) This filting requirement and elects to do so. (See criteria on back) This filting requirement and elects to do so. (See criteria on back) This filting requirement and elects to do so. (See criteria on back) This filting requirement and elects to do so. (See criteria on back) This filting requirement and elects to do so. (See criteria on back) This filting requirement	52			City			FL	Zip Code	<u> </u>
Synature, typed or printed name of registered agent and stell applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$55.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS CITY-ST-ZIP CARL A CARVER 4170 VERSAILLES DRIVE ORLANDO FL 32808 CITY-ST-ZIP CRAPER STREET ADDRESS	8. The above	named entity submits this statement for	r the purpose of changing it	ts registered office or re	gistered ag	ent, or both, in the State of Florida			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TRUST Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TRUST Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TRUST Fund Contribution. 13. CARL A CARVER 14. TO VERSAILLES DRIVE ORLANDO FL 32808 15. Delete ITILE CARVER, CARL A 4170 VERSAILLES DRIVE ORLANDO FL 32808 16. Election Campaign Financing Trust Fund Contribution. 16. Change In Trust Fund Contribution. 17. Added to F. Added to F. Change In Trust Fund Contribution. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TRUST Fund Contribution. 19. Change In C	SIGNATURE .	Consider the board or printed some of registered agents	and title if applicable. /MC	TE: Begistered Agent signature	required when re	einstating)	DATE		
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE NAME STREET ADDRESS CITY-ST-ZIP CARL A CARVER 4170 VERSAILLES DRIVE ORLANDO FL 32808 CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change		Signature, typed or printed name of registered agent a	and the rapplease. (rec	TE, Hegistereo Agent signature	edalled when is				
TITLE CARL A CARVER UNAME CARL A CARVER 4170 VERSAILLES DRIVE ORLANDO FL 32808 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME CARVER, CARL A 4170 VERSAILLES DRIVE ORLANDO FL 32808 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax filing requirement and elects to do so. After MAY 1, 2000 Fee			000 Fee will be \$550				\$5.0 Added	0 May Be to Fees
CARL A CARVER 4170 VERSAILLES DRIVE ORLANDO FL 32808 CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP CARVER, CARL A 4170 VERSAILLES DRIVE ORLANDO FL 32808 CITY-ST-ZIP CARVER, CARL A 4170 VERSAILLES DRIVE ORLANDO FL 32808 CITY-ST-ZIP TITLE VAME STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	I1.	OFFICERS AND	DIRECTORS	12.	AC	DITIONS/CHANGES TO OFFICER	RS AND DI	RECTORS	3 IN 11
STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP TITLE SAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP TITLE CARVER, CARL A 4170 VERSAILLES DRIVE ORLANDO FL 32808 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	P	☐ Delete	TITLE] Change	Addition
CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP TITLE S	NAME			NAME					
NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		!					_		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Change	TITLE	T	☐ Delete	TITLE] Change	☐-Addition
CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Oelete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	NAME			NAME					
Delete	STREET ADDRESS			1					
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Change	CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	•	Delete] Change	Addition
CITY-ST-ZIP	NAME								•
TITLE Delete TITLE Change NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP				B					
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			☐ Delete					_ Unange	☐ Additio
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP									
TITLE Delete TITLE Change Change NAME STREET ADDRESS CITY-ST-ZIP Change									
NAME STREET ADDRESS CITY-ST-ZIP Delite NAME STREET ADDRESS CITY-ST-ZIP	-							7 Change	☐ Additio
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		1	☐ Delete				<u> </u>) challe	Addition
CITY-ST-ZIP CITY-ST-ZIP									
OUTE			Пол					T Change	☐ Addition
			∟ Delete				L	T Acidide	Addition
NAME STREET ADDRESS 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.

ST CI

DIRECTOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DE DE