

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030829

1. Entity Name

CATHY E. CARVER, INC.

Principal Place of Business

~~200 EAST ROBINSON ST~~
~~SUITE 500~~
~~ORLANDO FL 32801~~

Mailing Address

~~200 EAST ROBINSON ST~~
~~SUITE 500~~
~~ORLANDO FL 32801-1956~~

2. Principal Place of Business

5553 Masters Boulevard

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32819-4021

Country
USA

3. Mailing Address

5553 MASTERS BLVD.

Suite, Apt. #, etc.

City & State
ORLANDO, FL.

Zip
32819

Country
USA

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90127 018 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3439519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~FLORIDA CORPORATE SUPPORT, INC.~~
~~200 EAST ROBINSON ST.~~
~~SUITE 500~~
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent

Name ROBERT A. CARVER, PRES
Street Address (P.O. Box Number is Not Acceptable)
ROBERT A. CARVER
5553 MASTERS BLVD.
City ORLANDO FL 32819

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 ROBERT CARVER AS IT'S VICEPRES Robert A. Carver 3/10/2000
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, 2000 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 NAME STREET ADDRESS CITY - ST - ZIP	PSD CARVER, CATHY E 5553 MASTERS BLVD. ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CARVER, ROBERT 5553 MASTERS BLVD ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert A. Carver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)