

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90073 006 ***150.00

DOCUMENT # P97000074830

1. Entity Name

CARVER SERVICES, INC.

Principal Place of Business

Mailing Address

8132 ELSEE DR
 ORLANDO FL 32822

8132 ELSEE DR
 ORLANDO FL 32822-7624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3472855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARVER, RICHARD A II
8132 ELSEE DR
ORLANDO FL 32822

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CARVER, RICHARD A II	
STREET ADDRESS	8132 ELSEE DR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARVER, CATHEREEN G	
STREET ADDRESS	8132 ELSEE DR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARVER, JOEL T	
STREET ADDRESS	6609 LA JOLLA ST	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARVER, MARK	
STREET ADDRESS	6609 LA JOLLA ST	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK HOWELL	
STREET ADDRESS	13211 MEADOWS FIELD DR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, CATHEEN G.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6607 JAMES TOWN BLVD	
STREET ADDRESS	ALHAMBRA SPRINGS	
CITY-ST-ZIP	FL 32714	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-00

CR2E034 (9/99)