

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079112

1. Entity Name

KARVER, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90120 026 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 28268

P.O. BOX 28268

PANAMA CITY BEACH FL 32411

PANAMA CITY BEACH FL 32411-8268

2. Principal Place of Business

14320 Front Bch Road

3. Mailing Address

PO BOX 9010

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA City Bch, FL

City & State

PANAMA City Bch, FL

4. FEI Number

59-3602648

Applied For

Not Applicable

Zip

Country

32413

USA

Zip

Country

32408

USA

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

KLEIMEYER, MARK

120 DRAGON CIR.

PANAMA CITY BCH FL 32411

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 ☐ Delete
NAME D
STREET ADDRESS KLEIMEYER, MARK
CITY-ST-ZIP 120 DRAGON CIR.
PANAMA CITY BCH FL 32411

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 of Mark Kleimeyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00

CR2E034 (9/99)