

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088568

1. Entity Name

CARVIN MAGAZINE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90024 035 ***150.00

Principal Place of Business

4857 RIDGEMOOR CIRCLE
 PALM HARBOR FL 34685

Mailing Address

4857 RIDGEMOOR CIRCLE
 PALM HARBOR FL 34685-3152

2. Principal Place of Business

115 CORTEZ ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 033847

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE BCH FL

Zip

Country

32951

City & State

INDIANLANTIC FL

Zip

Country

32903-0847

4. FEI Number

59-3609354

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

LARSON, H. WILLIAM ESQ.
 LARSON & LARSON, P.A., 11199 69TH ST. NO.
 LARGO FL 33773

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 COVILLE, JOSHUA
 CITY-ST-ZIP 4857 RIDGEMOOR CIRCLE
 PALM HARBOR FL 34685

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS COVILLE, KAREN
 CITY-ST-ZIP 4857 RIDGEMOOR CIRCLE
 PALM HARBOR FL 34685

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

321/768-1704

Daytime Phone #

CR2E034 (9/99)