

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088568

1. Entity Name

CARVIN MAGAZINE, INC.

Principal Place of Business

115 CORTEZ STREET
MELBOURNE BEACH FL 32951

Mailing Address

P.O. BOX 033847
INDIALANTIC FL 32903

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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 D
NAME COVILLE, JOSHUA
STREET ADDRESS 4857 RIDGEMOOR CIRCLE
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME COVILLE, JOSHUA
STREET ADDRESS 115 CORTEZ ST.
CITY-ST-ZIP MELBOURNE BCH, FL 32951

TITLE D ☒ Change ☐ Addition
NAME COVILLE, KAREN
STREET ADDRESS 115 CORTEZ ST.
CITY-ST-ZIP MELBOURNE BCH, FL 32951

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

324-768-1704

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90396 046 ***150.00

00041905



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3609354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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