## 2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16000007699

Entity Name: CARING BY SHARING UNITED INC.

Mar 19, 2024 **Secretary of State** 1743320198CR

**FILED** 

## **Current Principal Place of Business:**

470 FOREST LAKE DRIVE ALTAMONTE SPRINGS. FL 32714

## **Current Mailing Address:**

470 FOREST LAKE DRIVE

ALTAMONTE SPRINGS. FL 32714 US

FEI Number: 81-3554240 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAPAGEORGIOU, DARLENE 470 FOREST LAKE DRIVE ALTAMONTE SPRINGS, FL 32714 US

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: DARLENE PAPAGEORGIOU 03/19/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

PAPAGEORGIOU, DARLENE Name WONG, NICCO Name

470 B FOREST LAKE DRIVE 470 FOREST LAKE DRIVE Address Address

City-State-Zip: ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 City-State-Zip:

Title D Title D

Name CURTIS, LAWRENCE Name WHITE, SHASTA

Address 472 FOREST LAKE DRIVE Address 2417 FOXWOOD CT

ALTAMONTE SPRINGS FL 32714 City-State-Zip: City-State-Zip: APOPKA FL 32703

Title D

PAPAGEORGIOU. DENISE Name 470 A FOREST LAKE DRIVE Address

City-State-Zip: ALTAMONTE SPRINGS FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARLENE PAPAGEORGIOU

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/19/2024 Date