

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000005335

Entity Name: DR. STAUBS CARES, INC.

Current Principal Place of Business:

6514 CENTRAL AVE.
ST. PETERSBURG, FL 33707

Current Mailing Address:

6514 CENTRAL AVE.
ST. PETERSBURG, FL 33707 US

FEI Number: 83-0787685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAUBS, COLBY
6514 CENTRAL AVE.
ST. PETERSBURG, FL 33707 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name STAUBS, COLBY
Address 1700 WINCHESTER RD. N.
City-State-Zip: ST. PETERSBURG FL 33710

Title D
Name MARALIST, FRANK
Address 3800 46TH AVE. S.
City-State-Zip: ST. PETERSBURG FL 33711

Title D
Name SHOCKLEE, JOSH
Address 6071 GARMOUTH WAY N
City-State-Zip: ST. PETERSBURG FL 33709

Title TS
Name BELL, HANNAH
Address 1700 WINCHESTER RD. N.
City-State-Zip: ST. PETERSBURG FL 33710

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: COLBY STAUBS

PD

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date