

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014422

Entity Name: CARE INSURANCE TEAM, INC

Current Principal Place of Business:

1300 ENTERPRISE DR
SUITE D
PORT CHARLOTTE, FL 33953

Current Mailing Address:

1300 ENTERPRISE DR
SUITE D
PORT CHARLOTTE, FL 33953 US

FEI Number: 65-1073005

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAX SAVERS
1300 ENTERPRISE DR
SUITE A
PORT CHARLOTTE, FL 33953 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: MICHELE SNYDER

03/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SNYDER, MICHELE
Address 1355 ROCK DOVE CT
7
City-State-Zip: PUNTA GORDA FL 33950

Title VP
Name SNYDER, DOUG
Address 1355 ROCK DOVE CT
7
City-State-Zip: PUNTA GORDA FL 33950

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE SNYDER

PRES

03/30/2021

Electronic Signature of Signing Officer/Director Detail

Date