

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90115 006 ****61.25

DOCUMENT # **NA5000000886**

1. Entity Name

CARE TO SHARE, INC.
811 S. DISSTON AVE.
TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

811 S. DISSTON AVE.

3. Mailing Address

27 E. ORANGE STR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

4. FEI Number

N/A

Applied For

☒ Not Applicable

Zip

34689

Country

USA

Zip

34689

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JAMES B. WARREN

Street Address (P.O. Box Number is Not Acceptable)

811 S. DISSTON AVE.

City

TARPON SPRINGS

FL

Zip Code

34689

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
JAMES B. WARREN
811 S. DISSTON AVE.
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CLAUDIA DUBERSTEIN
416 N. DISSTON AVE.
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
CLAUDIA DUBERSTEIN
416 N. DISSTON AVE.
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
THEMISTOLLES ASSIMACK
702 BAYSHORE DR.
TARPON SPRINGS, FL 34689**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rev. James B. Warren**

2/12/03

727-943-2027

CR2E037B (12/01)

George N. Klimis, P.A.

Attorney at Law

◆ L.L.M. Taxation ◆

February 13, 2003

80033388

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

CERTIFIED RETURN RECEIPT
Article #: 7000 1670 0002 9946 1277

Re: **2003 Uniform Business Report for the following Corporation:**
- Care to Share, Inc.; Document #: N95000000886

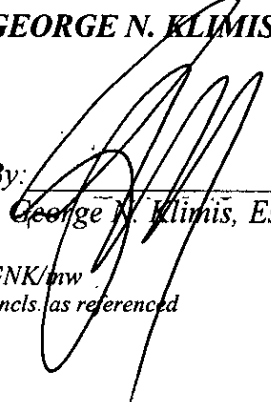
Dear Sir:

Please find enclosed completed 2003 Uniform Business Report for the above referenced corporation. Attached is their check # 1904 in the amount of \$61.25 required for filing.

If you have any questions or comments regarding the enclosed, please do not hesitate to contact me.

Sincerely,

GEORGE N. KLIMIS, P.A.

By: 
George N. Klimis, Esquire

GNK/mw
Encls. as referenced

27 E. Orange Street, Tarpon Springs, Florida 34689
Phone 727-943-9551 * Fax: 727-943-9081
e-mail gpa@tampabay.rr.com