

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014840

1. Entity Name

WITH CARE & LOVE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90071 028 ***150.00

Principal Place of Business

Mailing Address

UNIVERSITY DRIVE

429

SPRINGS FL 33071

2139 UNIVERSITY DRIVE

SUITE 429

CORAL SPRINGS FL 33071-6134

2. Principal Place of Business

7487 FALLS ROAD WEST

Suite, Apt. #, etc.

3. Mailing Address

7487 FALLS ROAD WEST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State BOYNTON BEACH FL		City & State BOYNTON BEACH FL		4. FEI Number 65-0473122	Applied For <input type="checkbox"/> Not Applicable
Zip 33437	Country USA	Zip 33437	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUBER, ELLEN
2091 NW 102 TERRACE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name ELLEN GRUBER
Street Address (P.O. Box Number is Not Acceptable) 7487 FALLS ROAD WEST
City BOYNTON BEACH FL
Zip Code 33437

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: Ellen Gruber ELLEN GRUBER 4/10/00
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRUBER, ELLEN 2091 NW 102 TERR. CORAL SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRUBER, ELLEN 7487 FALLS ROAD WEST BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ellen Gruber ELLEN GRUBER 4/10/00 561-752-9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)