

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90202 048 ***150.00

DOCUMENT # P97000020388
1. Entity Name
 DEALERS DEPENDABLE SERVICE CO.
Principal Place of Business Mailing Address
 21425 CAMPO ALLEGRO DRIVE
 BOCA RATON, FL. 33433
2. Principal Place of Business **3. Mailing Address**
 SAME SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country
 33433 PALM BEACH 33433 PALM BEACH

4. FEI Number 65-0733800
 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 BARRY D. FOREMAN
 21425 CAMPO ALLEGRO DRIVE
 BOCA RATON, FL. 33433

7. Name and Address of New Registered Agent
 Name BARRY D.
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *Barry Foreman* DATE 4/14/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARRY D. FOREMAN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.D. BARRY D. FOREMAN <input checked="" type="checkbox"/> Delete 10420 LAKE VISTA CIR. BOCA RATON, FL. 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MITZI FOREMAN <input checked="" type="checkbox"/> Delete 8205 ALA ST TAMPA, FL. 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.S.D. MITZI FOREMAN <input checked="" type="checkbox"/> Delete 10420 LAKE VISTA CIR. BOCA RATON, FL. 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.D. BARRY D. FOREMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21425 CAMPO ALLEGRO DRIVE BOCA RATON, FL. 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.S.D. MITZI FOREMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21425 CAMPO ALLEGRO DRIVE BOCA RATON, FL. 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Barry Foreman* DATE 4/14/00 DAYTIME PHONE # 561-483-7656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)