

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 379167****1. Entity Name**
DEALERS SERVICE PRODUCTS, INC.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90040 004 ***150.00

Principal Place of Business
2040 NW 40TH CT.
POMPAHO BEACH FL 33064
US**Mailing Address**
P. O. BOX 23656
OAKLAND PARK FL 33307
US**2. Principal Place of Business**1786 NE 37 ST
Suite, Apt. #, etc.
Oakland Park, FL
City & State**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip
33334Country
FL

Zip

Country

4. FEI Number 59-1351755Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**PALMER, CHARLES M
1786 NE 37 STREET
OAKLAND PARK FL 33334**7. Name and Address of New Registered Agent**

Name

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** *Charles M Palmer*
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**TITLE PST
NAME PALMER, CHARLES M
STREET ADDRESS 1786 NE 37TH STREET
CITY-ST-ZIP OAKLAND PARK FL
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
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NAME
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CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 or without the empowered.****SIGNATURE:** *Charles M Palmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. M. PALMER

01/02/2001

Date

(954) 328-5140

Daytime Phone #

CR2E034 (10/00)