

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90065 025 \*\*\*150.00

**DOCUMENT # M77037****1. Entity Name**  
**DEPENDABLE INVENTORY SERVICE INC.****Principal Place of Business**RT 12 BOX 292  
ROUTE 12, BOX 292  
LAKE CITY FL 32025  
US**Mailing Address**P.O. BOX 1825  
LAKE CITY FL 32056-1825  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** 59-2880630Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**BEIL, DAVID E., SR.  
RT 12 BOX 292  
P.O. BOX 1825  
LAKE CITY FL 32056-1825

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**

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, 2002 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PD  
NAME BEIL, DAVID E., SR.  
STREET ADDRESS RT 12, BOX 292  
CITY-ST-ZIP LAKE CITY FL ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D  
NAME BEIL, PHYLLIS E.  
STREET ADDRESS RT 12, BOX 292  
CITY-ST-ZIP LAKE CITY FL ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T  
NAME BEIL, JR., DAVID E  
STREET ADDRESS RT. 12 BOX 292  
CITY-ST-ZIP LAKE CITY FL 32025 ☐ DeleteTITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02

Date

386-752-6020

Daytime Phone #

CR2E034 (9/01)