2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State
01-30-2003 90110 015 ***150.00

DOCUMENT # P00000001621

1. Entity Name
DEPENDABLE SUB, INC.

Principal Place of Business	Mailing Address
900 E KICKLIGHTER LAKE HELEN FL 32744	C/O BRADBEER & BAILES 1307 E. NORMANDY BLVD SUITE 1 DELTONA FL 32725

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3704194 ☐ Applied For ☐ Not Applicable

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
TOMLIN, ALVIN 900 E KICKLIGHTER ROAD LAKE HELEN FL 32744	Name: Patrick M. Condon Street Address (P.O. Box Number is Not Acceptable): 1604 Clekk Circle City: Geneva FL Zip Code: 32732

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patrick M. Condon Patrick M Condon 1-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BELIVEAU, MICHAEL 900 E KICKLIGHTER ROAD LAKE HELEN FL 32744	☒ Delete	President Patrick M. Condon 1604 Clekk Circle Geneva FL 32732	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAGER, TRACY 900 E KICKLIGHTER ROAD LAKE HELEN FL 32744	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SAGER, TRACY 900 E KICKLIGHTER RD LAKE HELEN FL 32744	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. ALVIN Tomlin P.O. BOX 1784 DELEON SPRINGS FL, 32130	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick M. Condon SIGNATURE REQUIRED 1-28-03 (407)342-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patrick M. Condon