

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-03-2002 90055 049 ***150.00

DOCUMENT # P01000027847

1. Entity Name

DEPENDABLE REALTY SERVICES, INC.

Principal Place of Business

7701 NW 56 AVE #2
POMPANO BEACH FL 33073

Mailing Address

20423 STATE RD 7 #F6-319
BOCA RATON FL 33498

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

City & State

SAME

City & State

Zip

SAME

Country

Zip

Country

4. FEI Number

65-1131610

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

SMALL, LEANDER M
14247 CORAL REEF DRIVE
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

11055 LAKEAIRE Circle

City

SAME

FL

Zip Code

SAME

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)

1/8/02

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

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALBERT, DEBORAH	
STREET ADDRESS	7701 NW 56 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMALL, LEANDER M	
STREET ADDRESS	7701 NW 56 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SADOWSKI, MARK	
STREET ADDRESS	7701 NW 56 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

1/8/02 954-423-1738

Date

Daytime Phone