2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 24, 2003 8:00 am Secretary of State			
DOCUMENT # P0100027847 1. Entity Name DEPENDABLE REALTY SERVICES, INC.			Sing.		Secretary of State 04-24-2003 90107 036 ***150.00			
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		WE THE	1/111	11881 111 88101 1888 18 86 88 61	3 0111 10112 11017 1027 1027	i didir idal kolk
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Numb	oer 65-1131610	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	e of Status Desired	See Require	
	6. Name and Address of Current I	Registered Agent				d Address of New Reg	istered Agent	
SMALL, LEANDER M 1 1055 LAKEAIRE GIRO LE BO CA RATON FL 33498			S	Street Address (P.O. Box Number is Not Acceptable)				
				City BOCA RATON FL 33428				
SIGNATURE .	Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	f State	IOTE: Registered Age	ant signature required v	9. Eh	ection Campaign Finan ust Fund Contribution.		00 May Be
10.	OFFICERS AND I		11.			/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ·ALBERT, DEBORATI 7701 NW 56 AVE POMPANO BEACH FL 33073	C Celete	TITLE NAME STREET AD CITY-ST-2	DEC	sident Burah	SMALL	.) Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMALL, LEANDER M 7701 NW 56 AVE POMPANO BEACH FL 33073	□ Delete	TITLE NAME STREET AD CITY-ST-2	i			☐ Change	☐ Addition
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	ST SADOWSKI, MARK 7701 NW 56 AVE POMPANO BEACH FL 33073	Delete	TITLE NAME = - STREET AD CITY-ST-Z	DORESS	mase spacember	, TET FE THE THE ST	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET AD CITY-ST-2		-		Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AD CITY-ST-Z	i	<u></u>		☐ Change	Addition

SIGNATURE:

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.