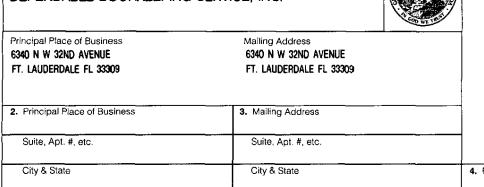
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

P01000083316 **DOCUMENT #** 

1. Entity Name

DEPENDABLE BOOKKEEPING SERVICE, INC.



| FILED                                      | 0336 |
|--|------|
| lay 07, 2003 8:00 am<br>Secretary of State | 916  |
| 05-07-2003 90160 045 ***150.00             | ΑV   |

| 2. Principal P  | lace of Business   | 3. Mailing Address                         | 3. Mailing Address                |  |               |   |           |                           |                     |  |
|---|--|--|-----------------------------------|--|---------------|---|-----------|---------------------------|---------------------|--|
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                        |                                   |  |               | ☐ CHECK HERE IF MAKING CHANGES                        |           |                           |                     |  |
| City & State City & State   |  |  |                                   | 4. f   | NOT APPLICATE | BLE   |           | plied For<br>t Applicable |                     |  |
| Zip   | Country  | Zip  | Countr                            | У  | 5. (          | Certificate of Status Desired                         |           | .75 Add<br>Require        |                     |  |
| 6. Name and Address of Current Registered Agent   |  |  |                                   | 7. Name and Address of New Registered Agent        |               |   |           |                           |                     |  |
|   |  | <del></del>                                |                                   | -Name  |               |   |           |                           |                     |  |
| CHRISTIE, MARIE A 6340 N W 32ND AVENUE  |  |  | -                                 | Street Address (P.O. Box Number is Not Acceptable) |               |   |           |                           |                     |  |
| FT. LAUDERDALE FL 33309   |  |  |                                   | 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. I am familiar with, and accept the obligations of registered agent. |  |  |                                   |  |               |   |           |                           |                     |  |
| SIGNATURE  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  |  |  |                                   |  |               | Election Campaign Financ     Trust Fund Contribution. | ing       |                           | 0 May Be<br>to Fees |  |
| 10  | OFFICERS AND   | DIRECTORS                                  | 11.                               |  | AD            | DITIONS/CHANGES TO OFFICE                             | RS AND DI | RECTORS                   | S IN 11             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PSTD<br>CHRISTIE, MARIE A<br>6340 N W 32ND AVENUE<br>FT. LAUDERDALE FL 33309 | ☐ Delete                                   | TITLE<br>NAME<br>STREET<br>CITY-S | TADDRESS<br>ST-ZIP                                 |               | •   |           | ) Change                  | Addition            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ·  | ☐ Delete                                   | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS<br>ST-ZIP                                  |               |   |           | Change                    | Addition            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | Delete                                     | TITLE<br>NAME<br>STREET<br>CITY-S | ADORESS  | -             |   | 🗆         | Change                    | Addition            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete                                   | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS<br>ST-ZIP                                  |               |   | ,         | Change                    | ☐ Addition          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete                                   | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS  |               |   |           | ) Change                  | Addition            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c  | ertify that the information supplied with                                    | ☐ Delete this filling does not qualify for | CITY-S                            |  | in Section    | 119.07(3)(i), Florida Statutes. I furl                |           | Change                    | Addition Addition   |  |

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 eath; that I am an officer or director of the corporation or the receiver of 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 attackment/with an address with all ather like empowered.

**SIGNATURE:** 

Date

Daytime Phone #

# Dependable Bookkeeping and Medical Billing Services, Inc. 90131556 Ottlachment P01000083316

May 3, 2003

Florida Dept. of State **Division of Corporations** PO Box 1500 Tallahassee, FL 32302-1500

### Dear Sirs:

Enclosed please find my Uniform Business Report Filing and a check for \$150.00. I understand the filing deadline was May 1, 2003 and any forms received after that date are subject to a \$400.00 fine. However, I am writing to seek abatement from the fine. My business has suffered financial hardship, and I barely could get the money together to pay the \$150.00 filing fee. A fine of \$400.00 on top of this would be impossible for me to pay, and would further harm my company's financial state.

Thank you for your time in this matter.

Truly,