

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90160 045 ***150.00

036916 AV

DOCUMENT # P01000083316

1. Entity Name

DEPENDABLE BOOKKEEPING SERVICE, INC.



Principal Place of Business

**6340 N W 32ND AVENUE
FT. LAUDERDALE FL 33309**

Mailing Address

**6340 N W 32ND AVENUE
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTIE, MARIE A
6340 N W 32ND AVENUE
FT. LAUDERDALE FL 33309**

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. 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

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
CHRISTIE, MARIE A
6340 N W 32ND AVENUE
FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Dependable Bookkeeping and Medical Billing Services, Inc. 90131556

Attachment ^{DOFF} P01000083316

May 3, 2003

Florida Dept. of State
Division of Corporations
P O 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,



Marie A. Christie