

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016161

1. Entity Name

N J DEPENDABLE SERVICES, INC.

Principal Place of Business

8681 NW 24 ST
SUNRISE FL 33322

Mailing Address

8681 NW 24 ST
SUNRISE FL 33322

2. Principal Place of Business

7461 SW 16TH ST

3. Mailing Address

7461 SW 16TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33317

Country

USA

Zip

33317

Country

USA

4. FEI Number

65-0550466

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

BROSS, JOAN
8681 NW 24 ST
SUNRISE FL 33322

Name

Bross, Joan

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

7461 SW 16TH STREET
Plantation, FL 33317

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 Joan Bross, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
BROSS, JOAN
8681 NW 24 ST
SUNRISE FL 33322

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7461 SW 16TH ST
Plantation, FL 33317

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
BROSS, NEAL
8681 NW 24TH ST.
SUNRISE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7461 SW 16TH ST
Plantation, FL 33317

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
BROSS, JASON
8681 NW 24TH ST.
SUNRISE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7461 SW 16TH ST
Plantation, FL 33317

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
BROSS, AMY
8681 NW 24TH ST
SUNRISE FL 33322

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7461 SW 16TH ST
Plantation, FL 33317

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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: Joan Bross

Joan Bross

4/6/01

797-8109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)