FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am Secretary of State DOCUMENT # **P96000046396** DEPENDABLE BUILDERS, INC. 03-12-2001 90506 043 ***150.00 Principal Place of Business Mailing Address 720 PALM SPRINGS CIRCLE 720 PALM SPRINGS CIRCLE INDIAN HARBOR BEACH FL 32937 INDIAN HARBOR BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3385729 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORD, NORMAN F Street Address (P.O. Box Number is Not Acceptable) 720 PALM SPRINGS CIRCLE INDIAN HARBOR BEACH FL 32937 Zip Code FI 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FORD. NORMAN F NAME NAME STREET ADDRESS 720 PALM SPRINGS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937 TITLE ☐ Delete TITLE ☐ Change Addition SOUSA, THOMAS E. NAME NAME STREET ADDRESS 109 BEL AIRE DR STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BCH FL --CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Addition FORD, JOYCE NAME NAME STREET ADDRESS 720 PALM SPRINGS CR STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BCH FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 | Date | Daylime Phone #