2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P97000020388 DEALERS DEPENDABLE SERVICE CO. 04-23-2001 90189 038 ***150.00 Principal Place of Business Mailing Address 21425 CAMPO ALLEGRO DRIVE 21425 CAMPO ALLEGRO DRIVE **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 65-0733800 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name_ FOREMAN, BARRY D Street Address (P.O. Box Number is Not Acceptable) 21425 CAMPO ALLEGRO DRIVE **BOCA RATON FL 33433** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition PTD ☐ Delete TITLE TITLE NAME FOREMAN, BARRY D NAME STREET ADDRESS STREET ADDRESS 21425 CAMPO ALLEGRO DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition Delete TITI F TITLE VSD NAME FOREMAN, MITZI NAME STREET ADDRESS STREET ADDRESS 21425 CAMPO ALLEGRO DRIVE CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33433** Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 fustee empowered to execute tills 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.