

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90085 049 ***150.00

0377414 AV

DOCUMENT # P97000020388

1. Entity Name
DEALERS DEPENDABLE SERVICE CO.

Principal Place of Business

~~21425 CAMPO ALLEGRO DRIVE~~

~~BOCA RATON FL 33433~~

7082 VIA GENOVA

DELRAY BEACH, FL 33446

Mailing Address

~~21425 CAMPO ALLEGRO DRIVE~~

~~BOCA RATON FL 33433~~

7082 VIA GENOVA

DELRAY BEACH, FL 33446

2. Principal Place of Business

7082 VIA GENOVA

Suite, Apt. #, etc.

3. Mailing Address

7082 VIA GENOVA

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH

Zip

33446

Country

City & State
DELRAY BEACH

Zip

33446

Country

4. FEI Number 65-0733800

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FOREMAN, BARRY D

~~21425 CAMPO ALLEGRO DRIVE~~

~~BOCA RATON FL 33433~~

7082 VIA GENOVA

DELRAY BEACH, FL 33446

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE **PTD** ☐ Delete

NAME **FOREMAN, BARRY D**

STREET ADDRESS ~~21425 CAMPO ALLEGRO DRIVE~~

CITY-ST-ZIP ~~BOCA RATON FL 33433~~

TITLE **VSD** ☐ Delete

NAME **FOREMAN, MITZI**

STREET ADDRESS ~~21425 CAMPO ALLEGRO DRIVE~~

CITY-ST-ZIP ~~BOCA RATON FL 33433~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)