

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90089 030 \*\*\*158.75

**DOCUMENT # P98000073092**

1. Entity Name

**DEPENDABLE CAR SERVICE, INC.**

Principal Place of Business

Mailing Address

2302 NORTHWEST 15TH WAY  
 UNIT 641  
 BOYNTON BEACH FL 33436

568 EAST WOOLBRIGHT RD  
 SUITE 217  
 BOYNTON BEACH FL 33435-6033

2. Principal Place of Business

3. Mailing Address

2601 ASPEN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 BOYNTON BEACH, FL

City & State

4. FEI Number

65-0859611

Applied For

Not Applicable

Zip  
 33436

Country  
 PALM BEACH

Zip

Country

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

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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.

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, 2000 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  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PSTD  
 DIODATO, ANTHONY  
 2302 NORTHWEST 15TH WAY  
 BOYNTON BEACH FL 33436

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PSTD  
 DIODATO, ANTHONY  
 2601 ASPEN WAY  
 BOYNTON BEACH, FL 33436

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 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:

*Anthony Diodato*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00 561-716-5707  
 Date Daytime Phone #

CR2E034 (9/99)