

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
PAIM 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 **PSTD**
 STREET ADDRESS **DIODATO, ANTHONY**
 CITY-ST-ZIP **2302 NORTHWEST 15TH WAY**
BOYNTON BEACH FL 33436

TITLE Change Addition
 NAME **PSTD**
 STREET ADDRESS **DIODATO, ANTHONY**
 CITY-ST-ZIP **2601 ASPEN WAY**
BOYNTON BEACH, FL 33436

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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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 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)