

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 999000081659

1. Entity Name

Dealer Income Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 N. Atlantic Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

#906

Suite, Apt. #, etc.

City & State

Cocoa Bch, FL

City & State

Zip

32931

Country

Zip

Country

4. FEI Number

593597883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Raoul Cleveland

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

2100 N. Atlantic Ave #906

City

Cocoa Bch

FL

Zip Code

32931

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President
NAME Raoul Cleveland
STREET ADDRESS 2100 N. Atlantic Ave #906
CITY - ST - ZIP Cocoa Bch FL 32931

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STREET ADDRESS
CITY - ST - ZIP

000005912148
-06/21/02--01077--017
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201.25 - AR
10.00 - AR ARTS
88.75 - AR Supp

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

321-917-6708

Date

Daytime Phone #

CR2E034B (12/01)