

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 08:00 AM
Secretary of State

DOCUMENT # S81933

1. Entity Name
 DEALERSHIP ACCOUNTING SERVICES, INC.

Principal Place of Business 350 SOUTH LAKE DESTINY DRIVE ORLANDO FL 32810	Mailing Address 110 SE 6TH STREET 20TH FLOOR FT LAUDERDALE FL 33301
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number
59-3138671

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 **04/17/2000**
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	T	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HYLE KATHLEEN W			NAME	BOURHIS MARC L		
STREET ADDRESS	110 SE 6TH ST, 20TH FL			STREET ADDRESS	110 SE 6TH ST, 20TH FL		
CITY-ST-ZIP	FT LAUDERDALE FL 33301			CITY-ST-ZIP	FT LAUDERDALE FL 33301		
TITLE	ASAT	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEACOCK W. WARNER			NAME	FERRANDO JONATHAN P		
STREET ADDRESS	110 SE 6TH ST, 20TH FL			STREET ADDRESS	110 SE 6TH ST, 20TH FL		
CITY-ST-ZIP	FT LAUDERDALE FL 33301			CITY-ST-ZIP	FT LAUDERDALE FL 33301		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEALEY DONALD C			NAME			
STREET ADDRESS	110 SE 6TH ST, 20TH FL			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIGGINBOTHAM RONALD			NAME			
STREET ADDRESS	110 SE 6TH ST, 20TH FL			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> Delete		TITLE	D/VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLE JAMES O			NAME	FERRANDO JONATHAN P		
STREET ADDRESS	110 SE 6TH ST, 20TH FL			STREET ADDRESS	110 SE 6TH ST, 20TH FL		
CITY-ST-ZIP	FT LAUDERDALE FL 33301			CITY-ST-ZIP	FT LAUDERDALE FL 33301		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWKINS THOMAS W			NAME	MAROONE MICHAEL E		
STREET ADDRESS	110 SE 6TH ST, 20TH FL			STREET ADDRESS	110 SE 6TH ST, 20TH FL		
CITY-ST-ZIP	FT LAUDERDALE FL 33301			CITY-ST-ZIP	FT LAUDERDALE FL 33301		

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: JONATHAN P. FERRANDO DATE: 04/17/2000