

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90043 025 ***150.00

DOCUMENT # V06374

1. Entity Name

E.L.M. SERVICES, INC.

Principal Place of Business

**2139 UNIVERSITY DRIVE
 SUITE 212
 CORAL SPRINGS FL 33071**

Mailing Address

**2139 UNIVERSITY DRIVE
 SUITE 212
 CORAL SPRINGS FL 33071**

**DEPENDABLE CAR SERVICE
 4613 N. UNIVERSITY DR. #263
 CORAL SPRINGS, FL 33067**

00005570



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0319463**

Applied For

Not Applicable

Zip

Country

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

**POLIN, ALAN J
 1999 UNIVERSITY DRIVE
 SUITE 202
 CORAL SPRINGS FL 33071**

Name

ALAN J. POLIN

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

3300 UNIVERSITY DR

SUITE 601

City

CORAL SPRINGS

FL

Zip Code

33065

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, 2001 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 **DP**
 STREET ADDRESS **SANDAK, LARRY N**
 CITY-ST-ZIP **2139 UNIVERSITY DRIVE**
CORAL SPRINGS FL

TITLE ☐ Change ☐ Addition
 NAME **DEPENDABLE CAR SERVICE**
 STREET ADDRESS **4613 N. UNIVERSITY DR. #263**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry N. Sandak **LARRY N. SANDAK** **1/19/01** **9547529454**

CR2E034 (10/00)