2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P97000085390 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name RELIABLE SOLAR AND SERVICES, INC. 04-21-2000 90148 013 ***150.00 Mailing Address Principal Place of Business 218-A E. EAU GALLIE BLVD. #179 2188 STORY LANE WEST MELBOURNE FL 32904-1968 INDIAN HARBOUR BEACH FL 32937 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number City & State Applied For 59-3471353 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCTAGGART, GREGORY R Street Address (P.O. Box Number is Not Acceptable) 218-A E. EAU GALLIE BLVD. #179 INDIAN HARBOUR BEACH FL 32937 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DΡ ☐ Addition ☐ Delete TITLE TITLE MCTAGGART, GREGORY R NAME NAME 2188 STORY LANE STREET ADDRESS STREET ADDRESS WEST MELBOURNE FL 32904 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE MCTAGGART, PATRICIA A NAME NAME 2188 STORY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WEST MELBOURNE FL 32904** CITY-ST-ZIP ☐ Delete TITLE TITLE DAVID W SLATTERY NAME NAME 311 DARTMOUTH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32901** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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