

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90572 017 \*\*\*550.00

**DOCUMENT # P98000017854**

1. Entity Name  
**RELIABLE GARDENING SERVICES, INC.**

Principal Place of Business Mailing Address  
 1525 PICARDY CIR 1525 PICARDY CIR  
 CLEARWATER FL 33755 CLEARWATER FL 33755  
 US US  
*(New address)* *(New address)*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **RELIABLE GARDENING SERVICES, INC.**  
 Suite, Apt. #, etc. **2684 TERRACE DR. N.**  
 City & State **CLEARWATER FL 33759**  
 Zip **33759** Country **USA**

3. Mailing Address  
 Suite, Apt. #, etc. **2684 TERRACE DR. N.**  
 City & State **CLEARWATER FL**  
 Zip **33759** Country **USA**

4. FEI Number **59-3492349** Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMOLARCZYK, MONIKA M**  
**1862 TWIN LAKES DRIVE**  
**GOTHA FL 34734**  
**2684 TERRACE DR. N.**  
**CLEARWATER, FL 33759**

7. Name and Address of New Registered Agent  
 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.  
**N/A**  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>SMOLARCZYK, MONIKA M</b>	
STREET ADDRESS	<b>1525 PICARDY CIR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEVITT, PAUL G</b>	
STREET ADDRESS	<b>1525 PICARDY CIR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2684 TERRACE DR. N.</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33759</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2684 TERRACE DR. N.</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33759</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert T. Swoboda** **FIRED** **8/11/00** **712-9759**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)