

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90043 049 ***150.00

MA3070 AV

DOCUMENT # P98000017854

1. Entity Name
RELIABLE CONSTRUCTION & REMODELING, INC.

Principal Place of Business

**2684 TERRACE DR N
 CLEARWATER FL 33759
 US**

Mailing Address

**2684 TERRACE DR N
 CLEARWATER FL 33759
 US**

429001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6008 KIPPS COLONY DRE
 Suite, Apt. #, etc. N/A**

3. Mailing Address

**6008 KIPPS COLONY DR E
 Suite, Apt. #, etc. N/A**

City & State

GULFPORT FL 33707

City & State

GULFPORT FL 33707

4. FEI Number

59-3492349

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33707

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMOLARCZYK, MONIKA M
~~2684 TERRACE DR N~~ 6008 KIPPS COLONY DRE
~~CLEARWATER FL 33759~~ GULFPORT FL 33707**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
6008 KIPP COLONY DRE
 City **GULFPORT FL** Zip Code **33707**

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, 2002 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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PTSD | <input type="checkbox"/> Delete |
| NAME | SMOLARCZYK, MONIKA M | |
| STREET ADDRESS | 2684 TERRACE DR N | |
| CITY-ST-ZIP | CLEARWATER FL 33759 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NEVITT, PAUL G | |
| STREET ADDRESS | 2684 TERRACE DR N | |
| CITY-ST-ZIP | CLEARWATER FL 33759 | |
| 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 | | |
| 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 | 6008 KIPPS COLONY DRE | |
| CITY-ST-ZIP | GULFPORT, FL, 33707 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 6008 KIPPS COLONY DRE | |
| CITY-ST-ZIP | GULFPORT, FL - 33707 | |
| 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 | | |
| 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:

Monika Smolarczyk **MONIKA SMOLARCZYK**

PRESIDENT

4/28/02

727-433-0587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)