

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91350 033 \*\*\*150.00

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DOCUMENT # **P98000017854**

1. Entity Name

**RELIABLE CONSTRUCTION & REMODELING, INC.**



Principal Place of Business

**6008 KIPPS COLONY DR E  
SAINT PETERSBURG FL 33707  
US**

Mailing Address

**6008 KIPPS COLONY DR E  
SAINT PETERSBURG FL 33707  
US**



2. Principal Place of Business

**6530 109TH TERRACE**

Suite, Apt. #, etc.

**MA**

3. Mailing Address

**6530 109TH TERRACE**

Suite, Apt. #, etc.

**N/A**

CHECK HERE IF MAKING CHANGES

City & State

**PINELLAS PARK FL**

City & State

**PINELLAS PARK FL**

4. FEI Number

**59-3492349**

Applied For

Not Applicable

Zip

**33782**

Country

**USA**

Zip

**33782**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMOLARCZYK, MONIKA M  
6008 KIPP COLONY DR E  
SAINT PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name **MONIKA S. NEVITT**

Street Address (P.O. Box Number is Not Acceptable)  
**6530 109TH TERRACE DR**

City **PINELLAS PARK FL** Zip Code **33782**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Monika Nevitt* **MONIKA NEVITT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTSD**  Delete  
NAME **SMOLARCZYK, MONIKA M**  
STREET ADDRESS **6008 KIPPS COLONY DR E**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **D**  Delete  
NAME **NEVITT, PAUL G**  
STREET ADDRESS **6008 KIPPS COLONY DR E**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME **MONIKA S. NEVITT**  
STREET ADDRESS **6530 109TH TERRACE**  
CITY-ST-ZIP **PINELLAS PARK - FL - 33782**

TITLE **DIV**  Change  Addition  
NAME  
STREET ADDRESS **6530 109TH TERRACE**  
CITY-ST-ZIP **PINELLAS PARK - FL - 33782**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Monika Nevitt* **MONIKA NEVITT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-03 727-547-5476**

Date

Daytime Phone #

CR2E034 (10/02)