

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**  
 04-13-2001 90019 002 \*\*\*150.00

0547556

**DOCUMENT # P95000040785**

1. Entity Name

**RELiance COURIER SERVICE, INC.**

Principal Place of Business

**4146 CENTER POINTE CIR  
 SARASOTA FL 34233  
 US**

Mailing Address

**P.O. BOX 250  
 VENICE FL 34284  
 US**

041348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1016 Ruisdael Circle**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Nokomis, FL**

City & State

4. FEI Number

**65-0587109**

Applied For

Not Applicable

Zip

**34275**

Country

**US**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, DORIS  
 4146 CENTER POINTE CIR  
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name **BASTEK, PATRICIA SULLIVAN**

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

**1016 RUISDAEL Circle**

City

**Nokomis**

**FL**

Zip Code

**34275**

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 **Patricia Sullivan Bastek Patricia Sullivan Bastek President 4/9/01**

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

TITLE **PT** ☒ Delete  
 NAME **SULLIVAN, GEORGE**  
 STREET ADDRESS **4146 CENTER POINTE CIR**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VPS** ☐ Delete  
 NAME **SULLIVAN, DORIS**  
 STREET ADDRESS **4146 CENTER POINTE CIR**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition  
 NAME **BASTEK, PATRICIA SULLIVAN**  
 STREET ADDRESS **1016 RUISDAEL Circle**  
 CITY-ST-ZIP **Nokomis, FL 34275**

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

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

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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 **Patricia Sullivan Bastek President 4/9/01 (941) 496-1365**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)