

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90140 030 ***150.00

DOCUMENT # 647009 ✓

1. Entity Name

M.R. Relick, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10400 Spotted Fawn Ln.
Suite, Apt. #, etc.

3. Mailing Address 10400 Spotted Fawn Ln.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Jacksonville, FL **City & State** Jacksonville, FL **4. FEI Number** 59-2083085 **Applied For**
Zip 32257 **Country** 32257 **Country** 32257 **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Relick, Michael R.

Street Address (P.O. Box Number is Not Acceptable) 10400 Spotted Fawn Lane

City Jacksonville **FL** **Zip Code** 32257

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 Michael R. Relick, President **DATE** 4-24-02

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. ☐ **January - May Fee is \$150.00**
After May Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP				
PTD	Relick, Michael R.	10400 Spotted Fawn Lane	Jacksonville, FL 32257				
S	Relick, Barbara J.	10400 Spotted Fawn Lane	Jacksonville, FL 32257				
VP	Relick, Matthew J.	137 Misty Valley Drive	Canton, GA 30114				
DO NOT WRITE IN THIS SPACE							

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael R. Relick, Pres. **DATE** 4/24/02 **Daytime Phone** (904) 260-7869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)