

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000003730**

1. Entity Name

RELIABILITY MAINTENANCE SERVICES, INC..

Principal Place of Business

879 WEST PARK AVE
PMB #245
ASBURY PARK NJ 07712
US

Mailing Address

879 WEST PARK AVE
PMB #245
ASBURY PARK NJ 07712
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCEAN

City & State

OCEAN

Zip

Country

Zip

Country

4. FEI Number

22-3269408

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASSIDY, TERRENCE P JR
1424 NE 53RD CT
FT LAUDERDALE, FL 33334-4951

7. Name and Address of New Registered Agent

Name *Conrad Kielkucki*

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

310 Prince Rd.

City *St. Augustine*

FL *32086*

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.

SIGNATURE

Conrad Kielkucki

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

(NOTE: Registered Agent signature required when reinstating)

4-17-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P. JOHNSTON, ALEX B.**
STREET ADDRESS **2126 APOLLO ST, APT 5A**
CITY-ST-ZIP **OCEAN NJ 07712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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Change Addition

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 line empowered.

SIGNATURE:

ALEX B. JOHNSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)