FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90060 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G10301

1. Entity Name
Reliable Security Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1732 NE 26 St # 201	1732 NE 26 St # 201
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Laud, FL	City & State: Fort Laud, FL
Zip: 33305 Country: Broward	Zip: 33305 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2306249 ☐ Applied For ☐ Not Applicable

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: Richard Brklacic

Street Address (P.O. Box Number is Not Acceptable): 1732 NE 26 St # 201

City: Fort Lauderdale FL Zip Code: 33305

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] 4/22/02

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)

January 1 - May 1 Fee is $150.00
After May 1, 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	PST
NAME	Brklacic, Richard
STREET ADDRESS	1732 NE 26 St # 201
CITY-ST-ZIP	Ft Laud, FL 33305
TITLE	VPD
NAME	Brklacic, Dana
STREET ADDRESS	1732 NE 26 St # 201
CITY-ST-ZIP	Ft Laud, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: [signature] 4/22/02 954-566-2410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #