

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

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

05-02-2002 90060 019 ***150.00

DOCUMENT # **G10301**

1. Entity Name

Reliable Security Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1732 NE 26 St # 201

Suite, Apt. #, etc.

3. Mailing Address

1732 NE 26 St # 201

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Laud, FL

City & State

Fort Laud, FL

4. FEI Number

59-2306249

Applied For

Not Applicable

Zip

33305

Country

Broward

Zip

33305

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

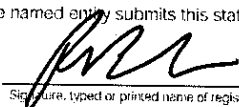
Zip Code

33305

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

4/22/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
Brklacic, Richard
1732 NE 26 St # 201
Fort Laud, FL 33305**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPS
Brklacic, Dana
1732 NE 26 St # 201
Fort Laud, FL 33305**

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

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 954-566-2410

DATE

DAYTIME PHONE #

CR2E034B (12/01)