

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K76246

1. Entity Name
RELIABLE WOOD PRODUCTS, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90102 014 ***150.00

Principal Place of Business

900 THOMAS AVE.
LEESBURG FL 34748
US

Mailing Address

900 THOMAS AVE.
LEESBURG FL 34748
US

2. Principal Place of Business

1335 Youth Camp Rd
Suite, Apt. #, etc.

3. Mailing Address

PO Box 491440
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Okahungca, FL

City & State

Leesburg, FL

4. FEI Number 59-2940738

Applied For
☒ Not Applicable

Zip

34736

Country

US

Zip

34749

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINER, JACK M. J
900 THOMAS AVE.
LEESBURG FL 34748

Name

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

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME REINER, ROBERT J.
STREET ADDRESS 900 THOMAS AVE.
CITY-ST-ZIP LEESBURG FL 34787 ☐ Delete

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

TITLE DP
NAME REINER, JACK M., JR
STREET ADDRESS 900 THOMAS AVE.
CITY-ST-ZIP LEESBURG FL 34787 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ 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 like empowered.

SIGNATURE:

ROBERT J. REINER

4-16-01

352-326-5432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)