## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L0000005672  1. Entity Name  RELIABLE GROUP, LLC							= 0		
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Principal Place of Business Malling Address						<b>02</b> Mar 26	PM 4: UU	i .	
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TAMPA FL 33	3602	TAMPA FL 33602							
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2. Principal f	Place of Business	3. Mailing Address					) <b>10</b> )  1311) 101 <b>1</b> (		
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Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		
		City & State		4. FEI Number 59-3657062 Applied For					
Zip Country		Zip Cour						Not Applicab	
ziμ	Country	218   01		itry	5. Cert	ficate of Status Desired	\$5.00	Additional	
	6. Name and Address of Curren	nt Registered Agent	L	<del></del>	7 Nom	e and Address of New Regis	Fee Req	uirea	
				=Name		e and Address of New Hegis	LETOU AGENT		
	RD, BUDDY D								
	NORTH MACDILL AVENUE			Street Address	s (P.O. Box I	Number is Not Acceptable)			
	MPA FL 33609								
				,					
				City	Zip Code				
The above	named antity submits this statement	for the manage of the section is							
. The above	named entity submits this statement i	for the purpose of changing its	registere	ea office or regist	tered agent,	or both, in the State of Florida	•		
CONTRACTOR									
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered	d Agent signature requi	red when reinstat	ing)	DATE	<del>-</del>	
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1. I hereby c	ertify that the information supplied with	h this filing does not qualify for t	the exem	notion stated in S	ection 119 C	7(3)(i), Florida Statutes, Lifurth	er certify that the	e information	
indicated	on uns report is true and accurate and	i inai my signaitire shall have it	ie same.	legal ettect as it.	made under	noth: that I am a managing a	nember or mana	ger of the	
ummeu nat	oility company or the receiver or truste	e empowered to execute this re	eport as	required by Chaj	pter 608, Fio	rida Statutes.		-	
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SIGNAT	URE:					3/7/02 61	3-226-2	220	
	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING NAME MEMBER, MANA	GER, OR A	AUTHORIZED REPRES	ENTATIVE	Date	Daytime Phone i	*	