

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005672

1. Entity Name

RELIABLE GROUP, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 26 PM 4:00

Principal Place of Business

100 WEST KENNEDY BOULEVARD, SUITE 760  
TAMPA FL 33602

Mailing Address

100 WEST KENNEDY BOULEVARD, SUITE 760  
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3657062

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, BUDDY D  
115 NORTH MACDILL AVENUE  
TAMPA FL 33609

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

900005282569--3  
-04/16/02--01038-017

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HENRY, WILLIAM  
3016 CHAPIN AVE.  
TAMPA FL 33611 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900005282569--3  
-04/16/02--01038-016  
\*\*\*\*\*350.00 \*\*\*\*\*41.25  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/7/02 813-224-2220

Date

Daytime Phone #

CR2E083 (9/01)

55.00