

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005376

1. Entity Name

RELIABLE BUSINESS SOLUTIONS, INC.

(LA)

Principal Place of Business

Mailing Address

380 S SR 434 STE 1004 #PMB 146  
ALTAMONTE SPRINGS FL 32714

380 S SR 434 STE 1004 #PMB 146  
ALTAMONTE SPRINGS FL 32714

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

59-3597488

Applied For

Not Applicable

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

SAMUEL, BEVELYN  
4110 CLUBSIDE DRIVE  
LONGWOOD FL 32779

Name BEVELYN, SAMUEL

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

380 S. SR 434, STE 1004-146

City ALTAMONTE SPRINGS

FL

Zip Code 32714

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)

8/29/01  
DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PCD  
NAME SAMUEL, BEVELYN  
STREET ADDRESS 4110 CLUBSIDE DRIVE  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

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

TITLE VPD  
NAME MITCHELL, TERRIE  
STREET ADDRESS 445 DOUGLAS AVE STE 2005  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☒ Delete

TITLE VPD  
NAME KELLY WEAVER  
STREET ADDRESS 1416 N. HART BLVD  
CITY-ST-ZIP ORLANDO, FL 32818 ☒ Change ☐ Addition

TITLE STD  
NAME GRAHAM, D'JUAN  
STREET ADDRESS 445 DRUG INS. AVE. STE 2005  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☒ Delete

TITLE SECRETARY/TREASURER  
NAME DIANA MORGAN  
STREET ADDRESS 1416 N. HART BLVD  
CITY-ST-ZIP ORLANDO, FL 32818 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BEVELYN, SAMUEL

8/29/01 (47) 825-0442

0016553

CR2E037 (5/01)



DO NOT WRITE IN THIS SPACE