

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90162 017 ***61.25

DOCUMENT # N99000005376

1. Entity Name

RELIABLE BUSINESS SOLUTIONS, INC.



Principal Place of Business

~~4501 MANATEE AVENUE W., STE. 210~~
~~BRADENTON FL 34209~~

3660 N. Washington Blvd
SARASOTA, FL 34234

Mailing Address

~~4501 MANATEE AVENUE W., STE. 210~~
~~BRADENTON FL 34209~~

3660 N. Washington Blvd
SARASOTA, FL 34234

2. Principal Place of Business

3660 N. Washington Blvd

3. Mailing Address

3660 N. Washington Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34234

Country

SARASOTA

Zip

34234

Country

SARASOTA

4. FEI Number **59-3597488**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SAMUEL, BEVELYN

~~380 SR 494~~ **3660 N. Washington Blvd**
~~STE 1004-140~~ **SARASOTA, FL 34234**
~~ALTAMONTE SPRINGS FL 32714~~

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete
NAME **SAMUEL, BEVELYN**
STREET ADDRESS **5549 LEHIGH DR., #83** **3660 N. Washington Blvd**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **DPD** ☒ Delete
NAME **MORGAN, DIANA**
STREET ADDRESS **1416 N. HART BLVD.**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **STD** ☒ Delete
NAME **WEAVER, KELLY**
STREET ADDRESS **1416 N. HART BLVD.**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3660 N. Washington Blvd**
CITY-ST-ZIP **SARASOTA, FL 34234**

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

TITLE **STD** ☐ Change ☒ Addition
NAME **Lynda Pearce**
STREET ADDRESS **1112 MANATEE AVENUE E.**
CITY-ST-ZIP **BRADENTON, FL 34208**

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

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

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

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:

SIGNATURE REQUIRED

8/18/03 (941) 351-6366

CR2E037 (4/03)