2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031451

1. Entity Name
RELIABLE SHOW SERVICES, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State
03-14-2001 90010 013 ***150.00

Principal Place of Business	Mailing Address
4850 SW 63RD TERRACE #313 DAVIE FL 33314	4850 SW 63RD TERRACE #313 DAVIE FL 33314

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 65-0994857 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARTELS, BEN
4850 SW 63RD TERRACE
#313
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name LINDSAY FARRELL
Street Address (P.O. Box Number is Not Acceptable) 4850 SW 63 TERRACE #313
City DAVIE FL Zip Code 33314

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 X Lindsay Farrell CEO 3/1/01
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 NAME STREET ADDRESS CITY-ST-ZIP	D BARTELS, BEN 4850 SW 63RD TERRACE DAVIE FL 33314	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LINDSAY FARRELL 4850 SW 63 TERRACE #313 DAVIE, FL 33314	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: Ben Bartels 2/16/01 (714)378-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #