

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001096

1. Entity Name
RELIABLE DESIGN & CONSULTING SERVICES, INC.

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90054 029 ***150.00

Principal Place of Business Mailing Address
5816 ELLIS HOLLOW ROAD EAST 5816 ELLIS HOLLOW ROAD EAST
LAKE WORTH FL 33463 LAKE WORTH FL 33463

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 65-1066246 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

HUPPERT, JOSEPH
17611 SW 48 STREET
SOUTHWEST RANCHES FL 33331-1109

Name Peterkin, Deveren
Street Address (P.O. Box Number is Not Acceptable)
5816 Ellis Hollow Road East
City Lake Worth FL Zip Code 33463

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 Deveren Peterkin Deveren Peterkin, President/Director Mar. 4, 2002
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, 2002 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 D ☐ Delete
NAME PETERKIN, DEVERIN
STREET ADDRESS 5816 ELLIS HOLLOW ROAD EAST
CITY-ST-ZIP LAKE WORTH FL 33463

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

TITLE D ☐ Delete
NAME OLMSTEAD, DAVID
STREET ADDRESS 67 W CYPRESS ROAD
CITY-ST-ZIP LAKE WORTH FL 33467

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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.

Mar. 4, 2002

SIGNATURE: Deveren Peterkin Deveren Peterkin, President/Director 561-649-0754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

030637 AV

CR2E034 (9/01)