

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095930

1. Entity Name
RELIABLE HOME WATCH, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90196 046 ***158.75

Principal Place of Business
17796 OAKMOUNT RIDGE CIR
FT MYERS FL 33912

Mailing Address
17796 OAKMOUNT RIDGE CIR
FT MYERS FL 33912



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same

Suite, Apt. #, etc.

City & State

Zip

Country

Lee

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

Lee

4. FEI Number

65-1144550

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLMAN, RONALD
17796 OAKMOUNT RIDGE CIR
FT MYERS FL 33912

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLMAN, RONALD 17796 OAKMOUNT RIDGE CIR FT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ronald Wellman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 20, 2002 / 239-415-2838

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

8-20-02

#P01000095930

To whom it may concern,

Please help me. I started a small home business, and had it Incorporated. I Am 64 years of Age and started A business of my own for the first time in my life. I received this bill from The State of FL. for my 2002 business report. I called your office and I was told I did not file my first report. I did not receive it. I did receive my second notice. The young lady I spoke with at your office said to write you a letter. My company hasn't made it's 1st \$200.00, but I am sure it will do better in the future. I am inclosing \$158.75 hoping you will understand and except this check. If I had received the 1st notice I would have paid it, for I sure can't afford \$550.00. Hoping you can help me.

Sincerely,

Ronald Wellman