

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90331 025 ***150.00

DOCUMENT # P01000104669

1. Entity Name
RELIABLE PROPERTY MANAGERS INC

Principal Place of Business

**13030 BERNICE AVENUE
 UMATILLA FL 32784**

Mailing Address

**13030 BERNICE AVENUE
 UMATILLA FL 32784**

BU076344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6243 Bent Pine Dr - 820A
 Suite, Apt. #, etc.

3. Mailing Address

6243 Bent Pine Dr
 Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

Country

32822 **Orange**

City & State

Orlando, Florida

Zip

Country

32822 **Orange**

4. FEI Number

04 - 360 4707

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURNSIDE, LILLY L
 13030 BERNICE AVENUE
 UMATILLA FL 32784**

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.

SIGNATURE

Lilly L. Burnside

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/02

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lilly L. Burnside
STREET ADDRESS	6243 Bent Pine Dr - 820A
CITY-ST-ZIP	Orlando, Florida 32822
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curtis S. Burnside
STREET ADDRESS	6243 Bent Pine Dr 820A
CITY-ST-ZIP	Orlando, Florida 32822
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE

Lilly L. Burnside
Lilly L. Burnside

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-18-02

Daytime Phone #

407-251-1711

CR2E03(9/01)