

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90136 041 \*\*\*150.00

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**DOCUMENT #** P02000019234

**1. Entity Name**  
RELIABLE INSURANCE ADVISORS, INC.



**Principal Place of Business**  
11523 PIMPERNEL DRIVE  
BRADENTON FL 34202

**Mailing Address**  
11523 PIMPERNEL DRIVE  
BRADENTON FL 34202

**2. Principal Place of Business**  
2351 RICH RD.

**3. Mailing Address**  
2351 RICH ROAD

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

**City & State**  
MYAKKA FL

**City & State**  
MYAKKA FL

**Zip**  
34251

**Country**  
MANATEE

**Zip**  
34251

**Country**  
MANATEE

**4. FEI Number**  
02-0553726

**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**

**HOGAN, CHERYL A**  
11523 PIMPERNEL DRIVE  
BRADENTON FL 34202

**Name**  
CHERYL A. HOGAN

**Street Address (P.O. Box Number is Not Acceptable)**  
2351 RICH RD.

**City**  
MYAKKA

**FL**

**Zip**  
34251

**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 \$550.00**  
**September 10, 2003 Fee will be \$750.00**  
**Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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**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 607, 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:** Cheryl A. Hogan **9-4-03** **941-341-0041**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (4/03)

*Attachment* *PO2000019234*  
Reliable Insurance Advisors, Inc. *8044909*

September 4, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I received a late notice for the enclosed report. However, I never did receive the notice when it was mailed earlier this year. I am always prompt with anything related to documents due to the state or federal government. My address, at that time, was correct and hasn't changed until now, so I am baffled as to why it wasn't sent to me.

Please accept my fee of \$15. I would appreciate your acceptance to this request.

Sincerely,



Cheryl Hogan  
President

11523 Pimpernel Drive Bradenton, FL 34202  
941-907-1573 Fax 941-341-0041  
Email: [riapros@aol.com](mailto:riapros@aol.com)  
Toll Free: 1-800-485-1077