

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90129 043 ***150.00

DOCUMENT # P02000038722

1. Entity Name
RELIABLE TOURS, INC.



Principal Place of Business
**9410 RICHMOND CIRCLE
BOCA RATON FL 33434**

Mailing Address
**9410 RICHMOND CIRCLE
BOCA RATON FL 33434**

2. Principal Place of Business

3037 SW 11ST

3. Mailing Address

3037 SW 11ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL.

City & State

FORT LAUDERDALE FL.

Zip

33312

Country

BROWARD

Zip

33312

Country

BROWARD

4. FEI Number

65-1151565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

**ALDRED ROOFING INC
3037 SW 11ST
FT. LAUD. FL. 33312**

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

CLAYTON ALDRED (President) 04-08-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **BENT, ORVILLE**
STREET ADDRESS **9410 RICHMOND CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE **President** ☐ Delete
NAME **CLAYTON ALDRED**
STREET ADDRESS **3037 SW 11ST**
CITY-ST-ZIP **FT. LAUD. FL. 33312**

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

TITLE **VICE President** ☐ Delete
NAME **JONATHAN ALDRED**
STREET ADDRESS **3037 SW 11ST**
CITY-ST-ZIP **FT. LAUD. FL. 33312**

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

TITLE **TREASURER** ☐ Delete
NAME **PAUL ALDRED**
STREET ADDRESS **3037 SW 11ST**
CITY-ST-ZIP **FT. LAUD. FL. 33312**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAYTON ALDRED

04-08-03

(954) 818-1315

Date

Daytime Phone #

CR2E034 (10/02)