

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P03000023126

1. Entity Name

RELIANCE SECURITIES INVESTMENTS, INC.



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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6201 Newmeyer Road

3. Mailing Address  
P.O. Box 292351

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Brooksville, Florida

City & State  
Temple Terrace, Florida

4. FEI Number  
65-1175113

Applied For  
Not Applicable

Zip  
34601

Country  
United States

Zip  
33687

Country  
United States

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City Miami

FL Zip Code  
33145

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)

80003068938  
03/17/04--01052--008 \*\*150.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME PSTD  
STREET ADDRESS Stuart R. Spencer  
CITY- ST- ZIP 6201 Newmeyer Road, Brooksville, FL 34601

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stuart R. Spencer Stuart R. Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2004

352 754 9597

CR2E034B (12/02)