

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR -5 AM 8:33

DOCUMENT #	P08000051218
1. Entity Name	
RELIABLE PROPERTY PRESERVATION & SECURITIES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18147 PARAKEET RD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WEEKI WACHEE, FL		City & State	
Zip 34614	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2809613		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name VAL A. LEFRANCOIS	
Street Address (P.O. Box Number is Not Acceptable) 18147 PARAKEET ROAD	
City WEEKI WACHEE	Zip Code 34614

**DO NOT WRITE
IN THIS SPACE**

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

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 STREET ADDRESS CITY-ST-ZIP	PRESIDENT - VICE VAL A. LEFRANCOIS 18147 PARAKEET ROAD WEEKI WACHEE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JASON E. LEFRANCOIS 18147 PARAKEET ROAD WEEKI WACHEE, FL 34614
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *J. LeFrancois*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/09 352-293-2274

KS