

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37973

1. Entity Name

RELIANCE SUPPLY OF TEXAS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90032 015 ***150.00

Principal Place of Business

Mailing Address

2727 CHEMSEARCH BLVD.
IRVING TX 75062

2727 CHEMSEARCH BLVD.
IRVING TX 75062-6454

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2259735

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEVY, IRVIN L.	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEVY, LESTER A.	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEVY, MILTON P., JR.	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CLEVELAND, JOSEPH H.	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARGOLIES, LARRY R.	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	T	<input type="checkbox"/> Delete
NAME	HETZER, TOM	
STREET ADDRESS	2727 CHEMSEARCH BLVD	
CITY-ST-ZIP	IRVING TX	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John I. Levy	
STREET ADDRESS	2727 Chemsearch Blvd	
CITY-ST-ZIP	Irving, TX 75062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00

(972) 438-0776

CR2E034 (9/99)