

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000001588

1. Entity Name

RELiance MANAGEMENT SERVICES, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90016 004 ***150.00

Principal Place of Business

5505 N. ATLANTIC AVENUE
SUITE 115
COCOA BEACH FL 32931
US

Mailing Address

5505 N. ATLANTIC AVENUE
SUITE 115
COCOA BEACH FL 32931
US

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 **59-3133915**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVE #115
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

James C. Jenkins

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

340 Royal Poinciana Way, #305

City

Palm Beach

FL

Zip Code
33480

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

James C. Jenkins

2/2/01

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, 2001 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

TITLE **DPST** ☒ Delete
NAME **MCPHILLIPS, JACQUELINE**
STREET ADDRESS **5505 N. ATLANTIC AVENUE SUITE #115**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **D** ☒ Delete
NAME **MCCURDY, RONALD E**
STREET ADDRESS **1710 LARCHMONT COURT**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **V** ☒ Delete
NAME **COLVARD, ALISON K**
STREET ADDRESS **5505 N. ATLANTIC AVE #115**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVPT** ☒ Change ☐ Addition
NAME **Shawn Horwitz**
STREET ADDRESS **340 Royal Poinciana Way #305**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **DVPS** ☒ Change ☐ Addition
NAME **James C. Jenkins**
STREET ADDRESS **340 Royal Poinciana Way, #305**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **P** ☒ Change ☐ Addition
NAME **Pedro Vermales**
STREET ADDRESS **5505 N. Atlantic Ave, #115**
CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE **D** ☒ Change ☐ Addition
NAME **James S. Levin**
STREET ADDRESS **340 Royal Poinciana Way, #305**
CITY-ST-ZIP **Palm Beach, FL 33480**

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

TITLE ☐ Change ☐ 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

2/2/01

561-833-4211

Date

Daytime Phone #

CR2E034 (10/00)