

2001 UNIFORM BUSINESS REPORT (UBR)

3/8

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-08-2001 90070 033 ***150.00

DOCUMENT # P92000010757

1. Entity Name

RELIABLE ROOFING AND GUTTERS, INC.

Principal Place of Business

Mailing Address

1832 WABASSO DR
 WEST PALM BEACH FL 33409
 US

1832 WABASSO DR
 WEST PALM BEACH FL 33409
 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 **65-0375138**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARELL, WILLIAM J
1601 FORUM PLACE
SUITE 1101
WEST PALM BEACH FL 33401

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD <input type="checkbox"/> Delete	FRANK, HERBERT H 15629 BENT CIRCLE ROAD WELLINGTON FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Eric Levine 1832 Wabasso Dr., Suite 5 W.P.B., FL. 33409
VSD <input type="checkbox"/> Delete	FRANK, JUDITH 15629 BENT CIRCLE ROAD WELLINGTON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD <input type="checkbox"/> Delete	FRANK, ARTHUR 3819 WESTGATE AVE. WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Frank, Arthur 1832 Wabasso Dr., Suite 5 W.P.B., FL. 33409
V <input checked="" type="checkbox"/> Delete	DECICCO, JOHN 3819 WESTGATE AVE WEST PALM BEACH FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

3/15/01 **561-684-6232**
 Date Daytime Phone #

CR2E034 (10/00)