

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001962

1. Entity Name

RELIABLE PAINTING, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90304 009 \*\*\*150.00

Principal Place of Business

Mailing Address

6421 NW 39TH TERR  
 GAINESVILLE FL 32653

6421 NW 39TH TERR  
 GAINESVILLE FL 32653-8375

2. Principal Place of Business

10719 NW 53rd Terr.

Suite, Apt. #, etc.

3. Mailing Address

10719 NW 53rd Terr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Alachua, FL

City & State

Alachua, FL

4. FEI Number

59-3216770

Applied For

Not Applicable

Zip

32615

Country

USA

Zip

32615

Country

USA

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

HANDLEY, CHRISTINE F SR.  
 18349 NE 10TH AVE  
 CITRA FL 32113

Name

Handley, Christine

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

10719 NW 53rd Terr.

City

Alachua

FL

Zip Code

32615

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

*Christine C. Handley*

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	VP	<input type="checkbox"/> Delete
NAME	HANDLEY, WAYNE	
STREET ADDRESS	6421 NW 39TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANDLEY, CHRISTINE	
STREET ADDRESS	6421 NW 39TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10719 NW 53rd Terr.	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10719 NW 53rd Terr	
CITY-ST-ZIP	Alachua, FL 32615	
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		
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:

*Christine C. Handley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/01/00

Daytime Phone #

352-378-8822

CR2E034 (9/99)