

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90727 012 ***150.00

DOCUMENT # P94000019535

1. Entity Name
RELIABLE TRANSPORTATION SERVICE, INC.

Principal Place of Business
19 MARSHALL STREET
SAFETY HARBOR FL 34695

Mailing Address
19 MARSHALL STREET
SAFETY HARBOR FL 34695

2. Principal Place of Business
1994 GOLF VIEW DR
 Suite, Apt. #, etc.

3. Mailing Address
1994 GOLFVIEW DR
 Suite, Apt. #, etc.

City & State
DUNEDIN, FL

City & State
DUNEDIN, FL

4. FEI Number **59-3231135**

Applied For
 Not Applicable

Zip Country
34698 PINELLAS

Zip Country
34698 PINELLAS

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

WHITSTINE, LAURA L
19 MARSHALL STREET
SAFETY HARBOR FL 34695

Name
LYNN WATKINS
 Street Address (P.O. Box Number is Not Acceptable)
1994 GOLFVIEW DR
 City
DUNEDIN FL Zip Code
34698

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 **X** *[Signature]* **LYNN WATKINS** **X** *5/102*
 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, 2002 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 **PST** ☒ Delete
 NAME **LAURA, WHITSTINE L**
 STREET ADDRESS **19 MARSHALL ST.**
 CITY-ST-ZIP **SAFETY HARBOR FL**

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

TITLE **VP** ☒ Delete
 NAME **WILLIAM, WHISTINE H**
 STREET ADDRESS **19 MARSHALL ST.**
 CITY-ST-ZIP **SAFETY HARBOR FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PST**
 STREET ADDRESS **LYNN WATKINS**
 CITY-ST-ZIP **1994 GOLFVIEW DR**
DUNEDIN, FL 34698

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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]* **RELYNN WATKINS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/1/02** Daytime Phone # **7277917433**

CR2E034 (9/01)