

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059376

1. Entity Name

RELIABLE D & D ENTERPRISES, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90271 002 ***150.00

818534



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5627 VERNA BLVD
UNIT 8
JACKSONVILLE FL 32205
US

Mailing Address

RELIABLE D&D ENTERPRISE, INC
P.O. BOX 1644
ORANGE PARK FL 32067-1644
US

2. Principal Place of Business

1600 PARK AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

City & State

ORANGE PARK FL

City & State

Zip

(7)
32073

Country

USA

Zip

Country

4. FEI Number

59-3262678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUYRES, DAVID J
2412 STOCKTON DR
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MUYRES, DAVID J
2412 STOCKTON DR
GREEN COVE SPRINGS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TVP
ASPINWALL, ROBERT
8430 COMMONWEALTH AVE
JAX FL 32220

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

David M. Mury
DAVID MUYRES
President

2/15/01
Date

(904)
739-0761
Daytime Phone #

CR2E034 (10/00)