

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0670754 AB

DOCUMENT # P95000078327
1. Entity Name
RELIABLE ADJUSTMENT BUREAU OF FLORIDA, INC.



FILED

03 FEB 14 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
685 E COCHRAN STREET
SUITE 200
SIMI VALLEY CA 93065
US

Mailing Address
685 E COCHRAN ST
SUITE 200
SIMI VALLEY CA 93065
US

2. Principal Place of Business
2655 A PARK CENTER DR.
Suite, Apt. #, etc.

3. Mailing Address
2655 A PARK CENTER DR.
Suite, Apt. #, etc.

City & State
SIMI VALLEY, CA.

City & State
SIMI VALLEY, CA.

Zip
93065

Country
UNITED STATES

Zip
93065

Country
UNITED STATES

4. FEI Number 65-0636472

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **<\$8.75>** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	DEUTSCH, MELVIN	
STREET ADDRESS	685 E COCHRAN ST, #200	
CITY-ST-ZIP	SIMI VALLEY CA 93065	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOUST, JAMES P	
STREET ADDRESS	535 W 130 ST	
CITY-ST-ZIP	LOS ANGELES CA 90061	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	HARALSON, STEVE	
STREET ADDRESS	685 E COCHRAN ST	
CITY-ST-ZIP	SIMI VALLEY CA 93065	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steve Haralson* 2-13-03 805-577-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

SPECIAL POWER OF ATTORNEY

I, MELVIN DEUTSCH, an Executive Officer of Reliable Adjustment Bureau of Florida, Inc. and Reliable Adjustment Bureau, Inc. with principal offices located at:
685 East Cochran Street
Simi Valley, Ca 93065

appoints Ms. Shawna Montgomery as their Attorney-in-Fact to act on their behalf for the limited purpose of signing all documentation pertaining to state collection agency licensing.

This Special Power of Attorney shall become effective on January 1, 2001 and will continue in effect as long as Shawna Montgomery is in her current position of Operations Manager.

Executed on January 17, 2001 at Simi Valley, California.

By: Melvin Deutsch
For Reliable Adjustment Bureau, Inc. and
Reliable Adjustment Bureau of Florida, Inc.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of VENTURA

} ss.

On January 17, 2001

Date

, before me, Paula J. Wertenberger

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

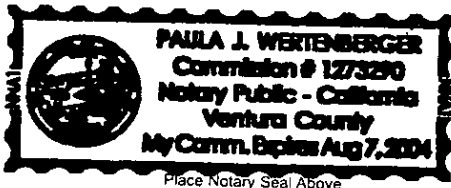
personally appeared Melvin Deutsch

Name(s) of Signer(s)

☒ personally known to me

☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Paula J. Wertenberger
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: SPECIAL POWER OF ATTORNEY

Document Date: 1-17-01

Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
- ☐ Corporate Officer — Title(s): _____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer Is Representing: Reliable Adjustment Bureau, Inc.

Reliable Adjustment Bureau of Florida, Inc.