

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL - 3 PM 4:01

DOCUMENT # **P95000081763**
1. Entity Name
RELAND SERVICES USA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2727 Ulmerton Rd.
Suite, Apt. #, etc.
350
City & State
Clearwater, FL
Zip
33762 Country
USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

5/18/01 90017 035 150.01
DO NOT WRITE IN THIS SPACE

4. FEI Number
59 333 8491
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
TRACY BYRNES
Street Address (P.O. Box Number is Not Acceptable)
2727 Ulmerton Rd
SF 350
City
Clearwater, FL Zip Code
33762

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 **Tracy Byrnes**
Signature, typed or printed name of registered agent and title if applicable.

Tracy Byrnes
DATE
7/2/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRES
DON MUNRO
3732 OLD KEYSTONE Rd
TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC
MARY JANE WINSTON
1316 CALADESL DR.
WESLEY CHAPEL, FL 33543

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

3000006309363
-07/10/02--01031--010
***750.00 ***750.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Jane Winston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)