

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017854

1. Entity Name  
RELIABLE GARDENING SERVICES, INC.

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90572 017 \*\*\*550.00

Principal Place of Business

1525 PICARDY CIR  
CLEARWATER FL 33755  
US

Mailing Address

1525 PICARDY CIR  
CLEARWATER FL 33755  
US

2. Principal Place of Business

RELIABLE GARDENING SERVICES, INC.

3. Mailing Address

2684 TERRACE DR. N.

Suite, Apt. #, etc.

2684 TERRACE DR. N.

Suite, Apt. #, etc.

2684 TERRACE DR. N.

City & State

CLEARWATER FL 33759

City & State

CLEARWATER FL

4. FEI Number

59-3492349

Applied For

Not Applicable

Zip 33759

Country USA

Zip 33759

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOLARCZYK, MONIKA M  
1862 TWIN LAKES DRIVE  
GOTHA FL 34734

2684 TERRACE DR. N.  
CLEARWATER, FL 33759

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.

N/A

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PT  
NAME SMOLARCZYK, MONIKA M  
STREET ADDRESS 1525 PICARDY CIR  
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE D  
NAME NEVITT, PAUL G  
STREET ADDRESS 1525 PICARDY CIR  
CITY-ST-ZIP CLEARWATER FL 33755 ☐ 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 2684 TERRACE DR. N.  
CITY-ST-ZIP CLEARWATER, FL 33759 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 2684 TERRACE DR. N.  
CITY-ST-ZIP CLEARWATER, FL 33759 ☒ 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:

Robert J. S. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/00

Date

712-9759

Daytime Phone #

CP2E034 (5/00)