

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0478967 AV

DOCUMENT # **P98000017854**

1. Entity Name

RELIABLE CONSTRUCTION & REMODELING, INC.



Principal Place of Business
**6008 KIPPS COLONY DR E
SAINT PETERSBURG FL 33707
US**

Mailing Address
**6008 KIPPS COLONY DR E
SAINT PETERSBURG FL 33707
US**



2. Principal Place of Business

6530 109TH TERRACE

Suite, Apt. #, etc.

MA

3. Mailing Address

6530 109TH TERRACE

Suite, Apt. #, etc.

N/A

☒ CHECK HERE IF MAKING CHANGES

City & State

PINELLAS PARK FL

City & State

PINELLAS PARK FL

4. FEI Number

59-3492349

Applied For

Not Applicable

Zip

33782

Country

USA

Zip

33782

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMOLARCZYK, MONIKA M
6008 KIPP COLONY DR E
SAINT PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name

MONIKA S. NEVITT

Street Address (P.O. Box Number is Not Acceptable)

6530 109TH TERRACE DR

City

PINELLAS PARK

FL

Zip Code

33782

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

Monika Nevitt

MONIKA NEVITT

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 **PTSD** ☐ Delete
NAME **SMOLARCZYK, MONIKA M**
STREET ADDRESS **6008 KIPPS COLONY DR E**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **D** ☐ Delete
NAME **NEVITT, PAUL G**
STREET ADDRESS **6008 KIPPS COLONY DR E**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **MONIKA S. NEVITT**
STREET ADDRESS **6530 109TH TERRACE**
CITY-ST-ZIP **PINELLAS PARK - FL - 33782**

TITLE **D/V** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6530 109TH TERRACE**
CITY-ST-ZIP **PINELLAS PARK - FL - 33782**

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

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

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

TITLE ☐ Change ☐ 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:

Monika Nevitt **MONIKA NEVITT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

727-547-5476

Date

Daytime Phone #

CR2E034 (10/02)