

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90123 040 ***150.00

040797 AV

DOCUMENT # P98000033294

1. Entity Name
REL SERVICE, INC.



Principal Place of Business

~~740 E. OCEAN AVE~~
~~#305~~
~~BOYNTON BEACH FL 33435~~

Mailing Address

~~740 E. OCEAN AVE~~
~~#305~~
~~BOYNTON BEACH FL 33435~~

2. Principal Place of Business

MARTIN COUNTY

3. Mailing Address

1081 SE MONTEREY RD

Suite, Apt. #, etc.

APT C-10

Suite, Apt. #, etc.

APT C-10

City & State

STUART FL

City & State

STUART FL

Zip

MARTIN

Country

MARTIN

Zip

34994

Country

MARTIN

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2092732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMB, RONALD

~~740 E. OCEAN AVE #305~~

~~BOYNTON BEACH FL 33437~~

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 **D** ☐ Delete

NAME **LAMB, RONALD**

STREET ADDRESS ~~740 E. OCEAN AVE #305~~

CITY-STATE-ZIP ~~BOYNTON BEACH FL 33437~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14 (772) 781-6616

CR2E034 (10/02)