

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033621

1. Entity Name
RELCO ENTERPRISES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90415 027 ***550.00

Principal Place of Business
6278 N FEDERAL HWY. #212
FORT LAUDERDALE FL 33308

Mailing Address
6278 N FEDERAL HWY. #212
FORT LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4781 N. Congress AVE
Suite, Apt. #, etc. #145
City & State Boynton BEACH
Zip 33426 P. BEACH

3. Mailing Address
4781 N. Congress Ave
Suite, Apt. #, etc. #145
City & State Boynton BEACH
Zip 33426 P. BEACH

4. FEI Number 65-0907349
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEAVITT, ROBERT
6278 N FEDERAL HWY. #212
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
Name ROBERT LEAVITT
Street Address (P.O. Box Number is Not Acceptable) 560 Jefferson Dr #104
City DEERFIELD BEACH FL Zip Code 33442

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 *[Signature]* President 5/10/01
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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	LEAVITT, ROBERT	
STREET ADDRESS	6278 N FEDERAL HWY. #212	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WAGNER, JOANN L	
STREET ADDRESS	6278 N FEDERAL HWY. #212	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	LEAVITT, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4781 N. Congress Ave #145	
STREET ADDRESS	Boynton BEACH FL 33426	
CITY-ST-ZIP		
TITLE	WAGNER, JOANN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4781 N. Congress Ave #145	
STREET ADDRESS	Boynton BEACH FL 33426	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)