

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033646

1. Entity Name

RELIABLE SERVICES GROUP, INC.

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90059 003 ***558.75

Principal Place of Business

2114 NEW VICTOR RD.
OCOE FL 34761

Mailing Address

2114 NEW VICTOR RD.
OCOE FL 34761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3594745

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUDRICK, JONATHON
2114 NEW VICTOR RD.
OCOE FL 34761

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

Jonathon Kudrick
Jonathon Kudrick

9/11/02

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	KUDRICK, JOHNATHON	2114 NEW VICTOR RD.	OCOE FL 34761	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	PARIS, SCOTT	3100 OLD WINTER GARDENS ROAD, #832	OCOE FL 34761	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Jonathon Kudrick
Jonathon Kudrick 9/11/02 407 402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Attachment # 873249
099000033646
RELIABLE SERVICES, INC.

September 18, 2002

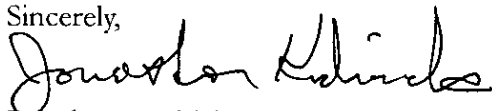
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please accept this filing as being on time. I filled it out on 9-10-02 and meant to send it on 9-11-02, but was rushed to the hospital on the evening of 9-10 with massive internal bleeding. I did not get out of the hospital until yesterday 9-17-02 and had no-one who could write the check and send it for me. I would be happy to forward a copy of the hospital transcripts if necessary.

Please call me anytime with questions at 407-402-3868.

Sincerely,



Jonathon Kudrick
President