

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90126 001 \*\*\*211.25

**DOCUMENT # P99000062213**

1. Entity Name

**RELIABLE SOLUTIONS, INC.**

Principal Place of Business

Mailing Address

380 S. STATE RD.434.#1004-146  
 ALTAMONTE SPRINGS FL 32714

380 S. STATE RD.434.#1004-146  
 ALTAMONTE SPRINGS FL 32714-3810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

**59-3584447**

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

**SAMUEL, BEVELYN**  
**4110 CLUBSIDE DR.**  
**LONGWOOD FL 32779**

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.

SIGNATURE

*Bevelyn Samuel*  
 Signature, typed or printed name of registered agent and title if applicable

*Bevelyn Samuel, President*  
 (NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/00**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME *President / CEO*  
 STREET ADDRESS *Bevelyn Samuel*  
 CITY-ST-ZIP *445 Douglas Ave, Suite 205-10*  
*Altamonte Spgs, FL 32714*

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Bevelyn Samuel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/00 (407) 774-9845**

CR2E034 (9/99)