

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90121 039 \*\*\*150.00

**DOCUMENT # S94634**

1. Entity Name

**RELIANT CORP.**

Principal Place of Business

13905 CARROLLWOOD VILLAGE RUN  
 TAMPA FL 33624  
 US

Mailing Address

PO BOX 271347  
 TAMPA FL 33688-1347

00045010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3816 W. Linebaugh Ave 105

Suite, Apt. #, etc.

PO Box 271347

City & State

TAMPA FL ~~33624~~

City & State

TAMPA FL

4. FEI Number

59-3098545

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

33688-1347

Country

USA

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

MURPHY, THOMAS J.  
 11015 N DALE MABRY HWY  
 TAMPA FL 33618

Name

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

3816 W. Linebaugh Ave Suite 105

City

Tampa

FL

Zip Code

33624

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST  
 NAME MURPHY, THOMAS J.  
 STREET ADDRESS 10503 SAGE RD  
 CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 10503 SAGE RD  
 CITY-ST-ZIP TAMPA FL 33618

TITLE VP  
 NAME MURPHY, BARBARA A  
 STREET ADDRESS 10503 SAGE RD  
 CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4-27-01

Date

813 960 9304

Daytime Phone #

CR2E034 (10/00)