2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **V07860** May 01, 2000 8:00 am Secretary of State RELIABLE DEVELOPMENT CORPORATION, INC. 05-01-2000 90314 010 ***158.75 Principal Place of Business Mailing Address 14909 W COLONIAL DR PO BOX 770217 WINTER GARDEN FL 34787 WINTER GARDEN FL 34777-0217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3113160 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REINER, JACK M JR. 14909 W COLONIAL DR WINTER GARDEN FL 34787 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. agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Chance TITLE Delete TITLE REINER, ROBERT J NAME NAME STREET ADDRESS 14909 W COLONIAL DR STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE REINER, JACK M NAME 14909 W COLONIAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL ☐ Delete Addition TITLE ☐ Change TITLE BOYLE, WILLIAM G NAME NAME 14909 W COLONIAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL Addition ☐ Delete TITLE ☐ Change TITLE BOYLE, EDWARD P III NAME NAME 14909 W COLONIAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL COMIND M. VOWIN ☐ Change Addition TITLE ☐ Delete TITLE 14909 W. Colonial Bulve NAME Wroter Cooker, Fla. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 activess, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Daytime Phone #