

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000007236**

1. Entity Name

RURAL ELECTRONICS MISSISSIPPI, INC.**FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90090 048 ***158.75

Principal Place of Business

Mailing Address

~~PMB 3A (239) 1000 COUNTY LINE RD~~
~~RIDGELAND MS 39157-1827~~1980 N. ATLANTIC AVE. STE 131
COCOA BEACH FL 32931

2. Principal Place of Business

3. Mailing Address

628 Decoto Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLARKSDALE MISSISSIPPI

Zip

Country

Zip

Country

38614

USA

4. FEI Number

64-0854725

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

MAGUIRE, SHELBY
1980 N. ATLANTIC AVE., STE 131
COCOA BEACH FL 32931

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

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 State10. 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	WATKINS, CORRINE F	29730 JULIUS BLVD	WESTLAND MI	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	STARGELL, JOSEPH L	22 SUNSET STREET	SATELLITE BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	MAGUIRE, SHELBY J	812 MOHAWK AVE	MELBOURNE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
CTD	REID II, KENDRICK E	240 BONNIE CT.	SATELLITE BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

APRIL 10, 2001 321 783-1556

Date

Daytime Phone #

CR2E034 (10/00)