## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Feb 16, 2001 8:00 am **DOCUMENT # K19784** Secretary of State 1. Entity Name GUARANTEED REAL ESTATE SERVICES, INC. 02-16-2001 90028 009 \*\*\*150.00 Principal Place of Business Mailing Address 3701 TAMIAMI TRAIL NORTH 3701 TAMIAMI TRAIL NORTH NAPLES FL 34103 NAPLES FL 34103 C0022442 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0037632 Not Applicable Country Zip Country Zip \$8.75 Additional 5.\_Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GERALD F. WARNKEN SPROWLS, PAUL E Street Address (P.O. Box Number is N. 3701 TAMIAM) 3701 TAMIAMI TRAIL NORTH NAPLES FL 33940 NAPLES 8. The above named entity submits the SIGNATURE Signature, typed or printed n FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD Addition Delete TITLE TITLE SPROWLS, PAUL E NAME NAME 1000 ORIOLE CIRCLE STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP PRESIDENT, DIRECTOR ☐ Addition **Change** ☐ Delete TITLE TITLE OYER. STEVEN D NAME NAME 720 ROCKPORT CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLANDS FL CITY-ST-ZIP VSD Change Addition TITLE Delete TITLE WARNKEN, GERALD F NAME NAME 2071 SEVILLA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 supply mental 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 receive 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 spit han address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HIGHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

GERALD F. WARNKEN 2/13/01 941-261-155