

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90011 011 \*\*\*150.00

**DOCUMENT # L26275**

1. Entity Name  
**SECURE CALL, INC.**

Principal Place of Business

**22500 SW 56TH AVE  
BOCA RATON FL 33433**

Mailing Address

**22500 SW 56TH AVE  
BOCA RATON FL 33433  
US**

2. Principal Place of Business

**6105 Royal Birkdale Dr.  
Suite, Apt. #, etc.**

3. Mailing Address

**6105 Royal Birkdale Dr.  
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Lake Worth FL**

City & State

**Lake Worth FL**

4. FEI Number **59-2368150**

Applied For

Not Applicable

Zip

**33463**

Country

**Palm Beach**

Zip

**33463**

Country

**P.B.**

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

**NEWBECK, ROBIN  
22500 SW 56TH AVE  
BOCA RATON FL 33433**

Name

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

**6105 Royal Birkdale Dr.**

City

**Lake Worth**

**FL**

Zip Code

**33463**

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

*Robin Newbeck*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/1/01**

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 **PT** ☐ Delete  
NAME **VERVILLE, MARY FAY**  
STREET ADDRESS **2530 NW 112TH AVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **VPS** ☐ Delete  
NAME **NEWBECK, ROBIN**  
STREET ADDRESS **22500 SW 56TH AVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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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:

*Robin Newbeck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/1/01 860780-0743**

CR2E034 (10/00)