

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065493

1. Entity Name

GUARANTEED RELIABLE COMMUNICATIONS, INC.

Principal Place of Business

4400 SELAH RD.
SEBRING FL 33872

Mailing Address

4400 SELAH RD.
SEBRING FL 33872

2. Principal Place of Business

230 Sebring Square
Suite, Apt. #, etc.

3. Mailing Address

230 Sebring Square
Suite, Apt. #, etc.

City & State

Sebring, FL
Zip 33870 Country Highlands

City & State

Sebring, FL
Zip 33870 Country Highlands

4. FEI Number

59-3658980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R
227 NO. RIDGEWOOD DR.
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name
James F. McCollum P.A.
Street Address (P.O. Box Number is Not Acceptable)
129 S. Commerce AV
City Sebring FL Zip Code 33870

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 reappointing)

DATE

6-18-01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KIMBREL, JAMES B	
STREET ADDRESS	4400 SELAH RD.	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIARD, MARK D	
STREET ADDRESS	4400 SELAH RD.	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

James B Kimbrel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-01

Daytime Phone #

5
FILED
Jun 25, 2001 8:00 am
Secretary of State

05-17-2001 91352 049 ***150.00

75321



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)