

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90127 010 \*\*\*150.00

**DOCUMENT # P00000065493**

1. Entity Name  
**GUARANTEED RELIABLE COMMUNICATIONS, INC.**

Principal Place of Business

**230 SEBRING AVENUE  
 SEBRING FL 33870**

Mailing Address

**230 SEBRING AVENUE  
 SEBRING FL 33870**

2. Principal Place of Business

**965 Sebring Square**  
 Suite, Apt. #, etc.

3. Mailing Address

**965 Sebring Square**  
 Suite, Apt. #, etc.

City & State

**Sebring, FL**  
 Zip **33870** Country **USA**

City & State

**Sebring, FL**  
 Zip **33870** Country **USA**

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

**MCCOLLUM, JAMES F PA  
 129 S. COMMERCE AVENUE  
 SEBRING FL 33870**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** ☐ Delete  
 NAME **KIMBREL, JAMES B**  
 STREET ADDRESS **4400 SELAH RD.**  
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE **D** ☐ Delete  
 NAME **WILLIARD, MARK D**  
 STREET ADDRESS **4400 SELAH RD.**  
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4818 Alcantarra Ave**  
 CITY-ST-ZIP **Sebring, FL 33872**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
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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: **JAMES B. KIMBREL** **8-14-02** **(863)382-9855**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

PAGE NO.	
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Attachments 975291

#100600065493

PREPARED BY	
DATE	

To Whom It May Concern:

We received this paper form  
only and according to the  
customer service, this was the  
second one sent out and that  
there is a \$400.00 late fee.

I'm asking if you could  
please waive this fee due to  
not receiving your first mailout.

Thank you for your kind attention  
regarding this matter.

Thanks again,

Esther Willard  
Office Manager