

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H24829

1. Entity Name  
SECUTRON, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 26 PM 2:32

Principal Place of Business  
1225 East River Drive  
One River Place Ste. 210  
Davenport, IA 52803

Mailing Address  
1225 East River Drive  
One River Place, Ste. 210  
Davenport, IA 52803

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
c/o James Kay, Esq.  
Suite, Apt. #, etc.  
777 South Flagler Dr. #900  
City & State  
West Palm Beach, FL 33401  
Zip  
33401

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2917722

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ ~~\$8.75~~ Additional Fee Required

## 6. Name and Address of Current Registered Agent

James R. Kay, Esq.  
Akerman Senterfitt  
Phillips Point East Tower, Suite 900  
777 South Flagler Drive  
West Palm Beach, FL 33401

## 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.

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, 2000 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	PST	<input type="checkbox"/> Delete
NAME	John Marvin Peterson	
STREET ADDRESS	1671 Flint Road	
CITY-ST-ZIP	Downsview Ontario Canada M3J 2W8	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Peterson

May 29, 2000 - 905-760-3000  
Date Daytime Phone #

CR2E034 (9/99)