

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H24829

1. Entity Name  
**SECUTRON, INC.**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90039 007 \*\*\*150.00

Principal Place of Business  
**1225 EAST RIVER DRIVE  
ONE RIVER PLACE, STE 210  
DAVENPORT IA 52803**

Mailing Address  
**C/O JAMES KAY, ESQ.  
777 SOUTH FLAGLER DR., #900  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2917722**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KAY, JAMES R  
PHILLIPS POINT EAST TOWER, SUITE #900  
777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401**

Name  
**Akerman, Senterfitt & Eidson, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**Attn: James R. Kay, Esquire**  
**777 South Flagler Drive, Suite 900, East Tower**  
City  
**West Palm Beach** **FL** Zip Code  
**33401**

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.

**Akerman, Senterfitt & Eidson, P.A.**

SIGNATURE

BY: *James R. Kay, Shareholder*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/16/01*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>PSTD</b>			
	<b>PETERSON, JOHN M</b>			
	<b>1871 HUNT ROAD</b>			
	<b>DOWNSVIEW, ONTARIO, CANADA</b>			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>PSTD</b>				
	<b>PETERSON, JOHN M</b>				
	<b>3301 LANGSTAFF ROAD</b>				
	<b>CONCORD, ONTARIO L4K 4L2 CANADA</b>				
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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, President**

Date

Daytime Phone #

*23-MAR-01*

*905-760-3000*

CR2E034 (10/00)