2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099327

1. Entity Name

SECURUS, INC.

Principal Place of Business

4750 SW 91ST DRIVE STE A
GAINESVILLE FL 32608

Mailing Address

4750 SW 91ST DRIVE STE A
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4750 SW 91st Dr.

Suite, Apt. #, etc. A

City & State Gainesville FL

Zip 32608   Country USA

3. Mailing Address 4750 SW 91st Dr

Suite, Apt. #, etc. A

City & State Gainesville FL

Zip 32608   Country USA

4. FEI Number 59-3678022

☐ Applied For   ☐ Not Applicable

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
KAYE, ALLAN H 5208 SW 91ST DRIVE GAINESVILLE FL 32608	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, 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

	OFFICERS AND DIRECTORS	Delete		ADDITIONS/CHANGES	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CALVIN W JR 4750 SW 91ST DRIVE STE A GAINESVILLE FL 32608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYE, ALEXANDER S 4750 SW 91ST DRIVE STE A GAINESVILLE FL 32608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (10/00)

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

Date 2/28/01

Daytime Phone # 552-333-4700