

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90031 010 ***150.00

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

2. Principal Place of Business

3. Mailing Address
5608 SE 185th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Micanopy, FL

4. FEI Number **59-3678022**

Applied For
 Not Applicable

Zip

Country

Zip
32667 Country
USA

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARTIN, CALVIN W JR**
CITY-ST-ZIP **4750 SW 91ST DRIVE STE A**
GAINESVILLE FL 32608

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Martin, Calvin W Jr**
CITY-ST-ZIP **5608 SE 185th Ave**
Micanopy, FL 32667

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KAYE, ALEXANDER S**
CITY-ST-ZIP **4750 SW 91ST DRIVE STE A**
GAINESVILLE FL 32608

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02
 Date

352-466-4448
 Daytime Phone #

CR2E034 (9/01)