

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90111 029 ***150.00

DOCUMENT # P00000099327

1. Entity Name
SECURUS, INC.



Principal Place of Business
**4750 SW 91ST DRIVE STE A
GAINESVILLE FL 32608**

Mailing Address
**5608 SE 185TH AVENUE
MICANOPY FL 32667**



2. Principal Place of Business

5608 SE 185th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Micanopy FL

City & State

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name **Calvin W. Martin Jr**
Street Address (P.O. Box Number is Not Acceptable)
5608 SE 185th Ave

City **Micanopy** **FL** Zip Code **32667**

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

Calvin W. Martin Jr.
(NOTE: Registered Agent signature required when reinstating)

4/09/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MARTIN, CALVIN W JR**
STREET ADDRESS **5608 SE 185TH AVENUE**
CITY-ST-ZIP **MICANOPY FL 32667**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 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

4/09/03 *352-466-4448*
Date Daytime Phone #

CR2E034 (10/02)