

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 577472

1. Entity Name

JOHN J. JERUE TRUCK BROKER, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90098 018 ***150.00

Principal Place of Business

195 N. RIFLE RANGE RD.
BARTOW FL 33830
US

Mailing Address

195 N. RIFLE RANGE RD.
BARTOW FL 33830-8202
US

2. Principal Place of Business

125 N. Wilson Ave.

3. Mailing Address

P.O. Box 9007

Suite, Apt. #, etc.

Bartow, Florida

Suite, Apt. #, etc.

City & State

33830

City & State

Bartow, Florida 33830

Zip

Country

U.S.

Zip

Country

U.S.

4. FEI Number

59-1858040

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

MANN, JOHN L
105 S FLORIDA AVE
LAKELAND FL 33801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	JERUE, JOHN J.	
STREET ADDRESS	195 N. RIFLE RANGE ROAD	
CITY-ST-ZIP	BARTOW FL	
TITLE	AS	☐ Delete
NAME	JERUE, LAURIE	
STREET ADDRESS	195 N RIFLE RANGE RD	
CITY-ST-ZIP	BARTOW FL	
TITLE	VD	☐ Delete
NAME	JERUE, J. JEFF	
STREET ADDRESS	195 N RIFLE RANGE RD	
CITY-ST-ZIP	BARTOW FL	
TITLE	SVD	☐ Delete
NAME	CAMPANO, EUSEBIO L.	
STREET ADDRESS	195 N. RIFLE RANGE RD.	
CITY-ST-ZIP	BARTOW FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Eusebio L. Campano, E. Luis Campano, S.V.P./Director 1-17-00 Ext. 208
(862) 537-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)