

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90121 047 ***150.00

0472410 AV

DOCUMENT # 577472

1. Entity Name
JOHN J. JERUE TRUCK BROKER, INC.

Principal Place of Business
125 N WILSON AVE
BARTOW FL 33830
US

Mailing Address
PO BOX 9007
BARTOW FL 33830
US



2. Principal Place of Business
280 East Main Street
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 9007
 Suite, Apt. #, etc.

City & State
Bartow FL

City & State
Bartow FL

4. FEI Number **59-1858040**

Applied For
 Not Applicable

Zip
33830

Country
USA

Zip
33831

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

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 _____ (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 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 **125 N WILSON AVE**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Jerue, John J.**
 STREET ADDRESS **280 East Main Street**
 CITY-ST-ZIP **Bartow FL 33830**

TITLE **VD** ☐ Delete
 NAME **JERUE, J. JEFF**
 STREET ADDRESS **125 N WILSON AVENUE**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Jerue, J. Jeff**
 STREET ADDRESS **280 East Main Street**
 CITY-ST-ZIP **Bartow FL 33830**

TITLE **SVD** ☐ Delete
 NAME **CAMPANO, EUSEBIO L.**
 STREET ADDRESS **125 N WILSON AVE**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **SVD** ☒ Change ☐ Addition
 NAME **Campano, E. Luis**
 STREET ADDRESS **280 East Main Street**
 CITY-ST-ZIP **Bartow FL 33830**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 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: E. Luis Campano 1-18-02 (863) 519-5678 x208
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)