

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90674 011 ***150.00

0446129 AV

DOCUMENT # H20943

1. Entity Name
CERJON, INC.

Principal Place of Business
1135 PASADENA AVE
#101
S. PASADENA FL 33707
US

Mailing Address
1135 PASADENA AVE
#101
S. PASADENA FL 33707
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2447634		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HENNING, CERESE 16 BELLEVUE DR TREASURE ISLAND FL 33706				Name Henning, Cerese			
				Street address (P.O. Box Number is Not Acceptable) 4625 80th. St. N.			
				City St. Petersburg, Fl. 33709			
				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 *Cerese Henning* (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	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENNING, CERESE N.			NAME	Henning, Cerese		
STREET ADDRESS	16 BELLEVUE DR			STREET ADDRESS	4625 80th St. N.		
CITY-ST-ZIP	TREASURE IS. FL			CITY-ST-ZIP	St. Petersburg, Fl. 33709		
TITLE	VS	<input type="checkbox"/> Delete		TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENNING, JOHN M., JR.			NAME	Henning, John		
STREET ADDRESS	16 BELLEVUE DR			STREET ADDRESS	4625 80th. St. N.		
CITY-ST-ZIP	TREASURE FL			CITY-ST-ZIP	St. Petersburg., Fl. 33709		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUDINSKY DENSIE M			NAME	Dudinsky, Denise M.		
STREET ADDRESS	7112 BURLINGTON AVE N			STREET ADDRESS	387 Boca Ciega Dr.		
CITY-ST-ZIP	ST. PETERSBURG FL			CITY-ST-ZIP	Maderia Beach, FL. 33708		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Cerese Henning* **3-20-02** **727-347-0745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)