

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12000025740

Entity Name

C. TERTUS TRUCKING, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90002 008 \*\*\*\*\*75.00

Principal Place of Business  
2625 GREENFIELD AVE  
ORLANDO FL 32808

Mailing Address  
2625 GREENFIELD AVE  
ORLANDO FL 32808-3434

RUUJJB4J

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3033487

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TERTUS, CLAUDE  
2625 GREENFIELD AVE  
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☒

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TERTUS, CLAUDE	
STREET ADDRESS	2625 GREENFIELD AVE..	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PERARD, ROSENELLE	
STREET ADDRESS	2625 GREENFIELD AVE.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	<input type="checkbox"/> Delete
NAME	TERTUS, RODRIGUE	
STREET ADDRESS	2625 GREENFIELD AVE.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	<input type="checkbox"/> Delete
NAME	TERTUS, THEODORE	
STREET ADDRESS	2625 GREENFIELD AVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	<input type="checkbox"/> Delete
NAME	TERTUS, LORIANNE	
STREET ADDRESS	2625 GREENFIELD AVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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 617, 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]* TERTUS, CLAUDE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

407-298-7291

Date

Daytime Phone #

CR2007 (9/99)