

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009039

1. Entity Name

JOHN J. JERUE TRANSPORTATION, INC.

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

01-24-2000 90098 019 ***150.00

Principal Place of Business

Mailing Address

1000 WESTWIND WAY
BARTOW FL 33830

1000 WESTWIND WAY
BARTOW FL 33830-8725

2. Principal Place of Business

3. Mailing Address

125 N. Wilson Ave.
Suite, Apt. #, etc.

P.O. Box 9007
Suite, Apt. #, etc.

City & State

Bartow, Florida

City & State

Bartow, Florida

4. FEI Number

59-3224403

Applied For

Not Applicable

Zip

33830

Country

FLA

Zip

33831

Country

FLA

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 SOUTH FLORIDA AVENUE
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 ☐ Delete
NAME D
STREET ADDRESS JERUE, JOHN J
CITY-ST-ZIP 1000 WESTWIND WAY
BARTOW FL 33830

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CAMPANO, E. LUIS
CITY-ST-ZIP 1000 WESTWIND WAY
BARTOW FL 33830

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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, E. Luis Campano, Director 1-17-00 (863) 537-1234
Ext. 208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)