

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-05-2002 90120 004 ***150.00

DOCUMENT # P94000009039

1. Entity Name
JOHN J. JERUE TRANSPORTATION, INC.

Principal Place of Business

125 N WILSON AVE
BARTOW FL 33830

Mailing Address

PO BOX 9007
BARTOW FL 33831

2. Principal Place of Business

280 East Main Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bartow FL

City & State

4. FEI Number

59-3224403

Applied For

Not Applicable

Zip

33830

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, JOHN L

105 SOUTH FLORIDA AVENUE

LAKELAND FL 33801

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JERUE, JOHN J	
STREET ADDRESS	125 N WILSON AVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	SSVD	<input type="checkbox"/> Delete
NAME	CAMPANO, E. LUIS	
STREET ADDRESS	125 N WILSON AVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	JERUE, JEFFERY	
STREET ADDRESS	125 N. WILSON AVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerue, John J	
STREET ADDRESS	280 East Main Street	
CITY-ST-ZIP	Bartow FL 33830	
TITLE	SSVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campano, E. Luis	
STREET ADDRESS	280 East Main Street	
CITY-ST-ZIP	Bartow FL 33830	
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerue, Jeffery	
STREET ADDRESS	280 East Main Street	
CITY-ST-ZIP	Bartow FL 33830	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)