

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096603

1. Entity Name

C.E.R. ENTERPRISES, INC.

FILED

Jun 13, 2002 8:00 A.M.
Secretary of State

Principal Place of Business

2642 E TAMiami TRAIL
NAPLES FL 33962
US

Mailing Address

2642 E TAMiami TRAIL
NAPLES FL 33962
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0633878

Applied For

Not Applicable

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

RAUCHFUSS, CHARLES E

5939 SW 1ST AVE

CAPE CORAL FL 33914

Name

Street Address (P.O. Box Number is Not Acceptable)

City

F.

2002-06

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

CHARLES E. RAUCHFUSS

3/13/02

9. This corporation is eligible to qualify as intangible
tax filing requirement and needs to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$75.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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

NAME	DELETE	NAME	DELETE	NAME	DELETE
PVST RAUCHFUSS, CHARLES E 5939 SW 1ST AVE CAPE CORAL FL 33914	☐	NAME STREET ADDRESS CITY-STATE-ZIP	☐	NAME STREET ADDRESS CITY-STATE-ZIP	☐
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200005910632-6
-06/21/02--01074--006
****150.00 ****150.00

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information published on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent and am authorized to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Part 11 of this report or on an attachment without signature, which applies to the authorized agent.

SIGNATURE:

☐ None ☐ Other

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

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FedEx Express
Customer Support Trace
3875 Airways Boulevard
Module H, 4th Floor
Memphis, TN 38116

U.S. Mail: PO Box 727
Memphis, TN 38194-4643

Telephone: 901-369-3600

6/5/2002

Dear Customer:

Here is the proof of delivery for the shipment with tracking number **833368288127**. Our records reflect the following information.

Delivery information:

Signed For By: B.SIPPIO

A rectangular box containing a handwritten signature in dark ink. The signature appears to be "B. Sippio" written in a cursive, slightly slanted style.

Delivery Location: 409 E GAINES

Delivery Date: April 25, 2002

Delivery Time: 0849

Shipping information:

Tracking No: 833368288127

Ship Date: April 24, 2002

Recipient:

DEPT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST
TALLAHASSEE, FL 32399
US

Shipper:

RAQUEL PINES
PINES BOOKEEPING SERVICES
1050 AUTO RANCH RD
NAPLES, FL 341148916

Shipment Reference information:

Thank you for choosing FedEx Express. We look forward to working with you in the future.

FedEx Worldwide Customer Service
1-800-Go-FedEx®
Reference No.: R2002060500051403613