

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90071 043 ***150.00

DOCUMENT # P99000066465

1. Entity Name

CERTUS INVESTMENTS, INC.

Principal Place of Business

**1111 NORTH ORLANDO AVENUE
 WINTER PARK FL 32789**

Mailing Address

**1111 NORTH ORLANDO AVENUE
 WINTER PARK FL 32789**

2. Principal Place of Business

1310 N ORLANDO AVE

3. Mailing Address

1310 N ORLANDO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32789

Country

Zip

32789

Country

4. FEI Number

59-3591533

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

**PETRY, RANDALL T
 1108 WILKINSON ST.
 ORLANDO FL 32803**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PETRY, RANDALL T	
STREET ADDRESS	1108 WILKINSON ST.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PETRY, WRAY	
STREET ADDRESS	1221 BRYN MANOR STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETRY, ALICIA M	
STREET ADDRESS	1108 WILKINSON STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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 #

CRE034 (9/01)