

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 432067

1. Entity Name

STUKE & ASSOCIATES, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90040 031 \*\*\*150.00

Principal Place of Business

2117-A N. PALM CIR  
 PO BOX 14698  
 N PALM BEACH FL 33408-0698  
 US

Mailing Address

P.O. BOX 14698  
 PO BOX 14698  
 N PALM BCH FL 33408-0698  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

328 OAK HARBOUR DR

3. Mailing Address

PO BOX 14698

Suite, Apt. #, etc

PO BOX 14698

Suite, Apt. #, etc

PO BOX 14698

City & State

JUNO BEACH, FL

City & State

JUNO BEACH, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

4. FEI Number

59-1478216

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

STUKE, ROBERT

2117 NORTH PALM CIR  
 N PALM BEACH FL 33408

JUNO BEACH, FL 33408

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 PS  
 NAME STUKE, ROBERT C  
 STREET ADDRESS 2117 N PALM CIR  
 CITY-ST-ZIP JUNO BEACH, FL 33408

TITLE  
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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 employees.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day and Phone #

CR2E034 (9/99)