

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90052 022 \*\*\*150.00

**DOCUMENT # 473585**

1. Entity Name

**STRYKER ELECTRICAL CONTRACTING, INC.**

Principal Place of Business

825 PARKWAY STREET  
 SUITE 1  
 JUPITER FL 33458

Mailing Address

825 PARKWAY STREET  
 SUITE 1  
 JUPITER FL 33458

**654729**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3953 SW Bruner Terrace

Suite, Apt. #, etc.

3. Mailing Address

3953 SW Bruner Terrace

Suite, Apt. #, etc.

City & State

Palm City, FL 34990

City & State

Palm City, FL 34990

4. FEI Number

59-1584267

Applied For

Not Applicable

Zip  
 34990

Country  
 USA

Zip  
 34990

Country  
 USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M ESQ.**  
**KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.**  
**4000 HOLLYWOOD BLVD., SUITE 485 SOUTH**  
**HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name  
 Robert Black

Street Address (P.O. Box Number is Not Acceptable)  
 901 Ponce De Leon Blvd.

Penthouse Suite

City  
 Miami

FL

Zip Code  
 33134

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, 2001 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 checked="" type="checkbox"/> Delete
NAME	KRAMER, ROBERT M	
STREET ADDRESS	2801 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZUCKERMAN, LESLIE H	
STREET ADDRESS	2801 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	P D	<input type="checkbox"/> Delete
NAME	BRYAN, MICHAEL G.	
STREET ADDRESS	825 PKWY. ST. STE. 4	3953 SW Bruner Terr
CITY-ST-ZIP	JUPITER, FL 33458	Palm City, FL 34990
TITLE	V D	<input type="checkbox"/> Delete
NAME	BRYAN, WILLIAM C.	
STREET ADDRESS	825 PKWY. ST. STE. 4	3953 SW Bruner Terr
CITY-ST-ZIP	JUPITER, FL 33458	Palm City, FL 34990
TITLE	V D	<input type="checkbox"/> Delete
NAME	ROBERTS, ROBERT S.	
STREET ADDRESS	825 PKWY. ST. STE. 4	3953 SW Bruner Terr
CITY-ST-ZIP	JUPITER, FL 33458	Palm City, FL 34990
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, SHARON H.	
STREET ADDRESS	825 PKWY. ST. STE. 4	
CITY-ST-ZIP	JUPITER FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alberto Ribas	
STREET ADDRESS	3953 SW Bruner Terrace	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	D Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott B. Eccleston	
STREET ADDRESS	3953 SW Bruner Terrace	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	D V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James C. Bryan	
STREET ADDRESS	3953 SW Bruner Terrace	
CITY-ST-ZIP	Palm City, FL 34990	
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

Sec/Treas.

4/27/01

Date

561-219-3389

Daytime Phone #

CR2E034 (10/00)