

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90573 034 \*\*\*150.00

**DOCUMENT # F99000001699**

1. Entity Name  
**STRECK LABORATORIES INC.**

Principal Place of Business

Mailing Address

14124 INDUSTRIAL RD.  
 OMAHA NE 68144

14124 INDUSTRIAL RD.  
 OMAHA NE 68144

2. Principal Place of Business

**7002 S. 109th St.**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 45625**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**LaVista, NE**

City & State

**Omaha, NE**

4. FEI Number

**47-0536601**

Applied For

Not Applicable

Zip

**68128**

Country

Zip

**68145**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RYAN, WAYNE  
 930 CAPE MARCO DR., UNIT 706  
 MARCO ISLAND FL 33937**

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	RYAN, CONNIE	
STREET ADDRESS	14306 INDUSTRIAL RD	
CITY-ST-ZIP	OMAHA NE	
TITLE	C	<input type="checkbox"/> Delete
NAME	RYAN, WAYNE	
STREET ADDRESS	14306 INDUSTRIAL RD	
CITY-ST-ZIP	OMAHA NE	
TITLE	S	<input type="checkbox"/> Delete
NAME	BULAND, JEANNE	
STREET ADDRESS	14306 INDUSTRIAL RD	
CITY-ST-ZIP	OMAHA NE	
TITLE	T	<input type="checkbox"/> Delete
NAME	STONACEK, BOB	
STREET ADDRESS	14124 INDUSTRIAL RD.	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKINNER, C M	
STREET ADDRESS	685 WOODTHRUSH WAY	
CITY-ST-ZIP	HUMMELSTOWN PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLURG, JAMES	
STREET ADDRESS	624 PEACH STREET	
CITY-ST-ZIP	LINCOLN NE	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ryan, Connie	
STREET ADDRESS	7002 S. 109th St.	
CITY-ST-ZIP	LaVista, NE 68128	
TITLE	C ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ryan, Wayne	
STREET ADDRESS	7002 S. 109th St.	
CITY-ST-ZIP	LaVista, NE 68128	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buland, Jeanne	
STREET ADDRESS	7002 S. 109th St.	
CITY-ST-ZIP	LaVista, NE 68128	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stonacek, Bob	
STREET ADDRESS	7002 S. 109th St.	
CITY-ST-ZIP	LaVista, NE 68128	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Krohn, Robert	
STREET ADDRESS	1427 S 85th Ave	
CITY-ST-ZIP	Omaha, NE 68124	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCarthy, Mike	
STREET ADDRESS	1125 S 103rd St.	
CITY-ST-ZIP	Omaha, NE 68124	

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: **Bob Stonacek**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01  
 Date

(402)691-7412  
 Daytime Phone #

CR2E034 (10/00)

Attachment  
920217

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12. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 11

D  
SORRELL, MICHAEL  
600 S 42<sup>ND</sup> ST.  
OMAHA, NE 68198

ADDITION

#F900001699

D  
WISECARVER, JAMES  
600 S 42<sup>ND</sup> ST.  
OMAHA, NE 68198

ADDITION

D  
O'BRIEN, RICHARD  
2500 CALIFORNIA PLZ  
OMAHA, NE 68178

ADDITION