

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90169 014 \*\*\*150.00

**DOCUMENT # F99000001699**

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

**Principal Place of Business**

**7002 S. 109TH ST.  
 LAVISTA NE 68128**

**Mailing Address**

**PO BOX 45625  
 OMAHA NE 68145**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**47-0536601**

Applied For

Not Applicable

**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, 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**

TITLE NAME	PD RYAN, CONNIE	<input type="checkbox"/> Delete
STREET ADDRESS	7002 S. 109TH ST.	
CITY-ST-ZIP	LAVISTA NE 68128	
TITLE NAME	CD RYAN, WAYNE	<input type="checkbox"/> Delete
STREET ADDRESS	7002 S. 109TH ST.	
CITY-ST-ZIP	LAVISTA NE 68128	
TITLE NAME	S BULAND, JEANNE	<input type="checkbox"/> Delete
STREET ADDRESS	7002 S. 109TH ST.	
CITY-ST-ZIP	LAVISTA NE 68128	
TITLE NAME	T STONACEK, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	7002 S. 109TH ST.	
CITY-ST-ZIP	LAVISTA NE 68128	
TITLE NAME	D SKINNER, C M	<input type="checkbox"/> Delete
STREET ADDRESS	685 WOODTHRUSH WAY	
CITY-ST-ZIP	HUMMELSTOWN PA	
TITLE NAME	D MCCLURG, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	624 PEACH STREET	
CITY-ST-ZIP	LINCOLN NE	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	D Krohn, Robert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1427 S 85th Ave	
CITY-ST-ZIP	Omaha, NE 68124	
TITLE NAME	D Mike McCarthy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1125 S 103rd St.	
CITY-ST-ZIP	Omaha, NE 68124	
TITLE NAME	D Michael Sorrell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	600 S 42nd St.	
CITY-ST-ZIP	Omaha, NE 68198	
TITLE NAME	D James Wisecarver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	600 S 42nd St.	
CITY-ST-ZIP	Omaha, NE 68198	
TITLE NAME	D Richard O'Brien	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2500 California Plz	
CITY-ST-ZIP	Omaha, NE 68178	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

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

Date

**1/31/02**

Daytime Phone #

**402-691-7412**

CR2E034 (9/01)