

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90034 006 \*\*\*150.00

**DOCUMENT # K44093**

1. Entity Name  
**STRAM ELECTRONICS, INC.**

Principal Place of Business

**2825 S. MACDILL AVE  
TAMPA FL 33629  
US**

Mailing Address

**2825 S. MACDILL AVE  
TAMPA FL 33629  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2959549**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STRAM, MICHAEL  
2825 S. MACDILL AVE  
TAMPA FL 33629**

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 **D** ☐ Delete  
NAME **STRAM, MICHAEL**  
STREET ADDRESS **2928 W. KNIGHTS AVE.**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 incorporator 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

**02/22/02**

Page

Daytime Phone #

*Attachment & Draft* **K441093**  
Aidman, Piser & Company, P.A.  
401 E. Jackson St., Suite 3400  
Tampa, FL 33602

*421595*

INSTRUCTIONS REGARDING YOUR  
2002 UNIFORM BUSINESS REPORT

CLIENT: Stram Electronics, Inc.

DATE: January 24, 2002

Enclosed you will find the 2002 Uniform Business Report for filing with the Florida Department of State. Applicable instructions are marked with an "X".

- [X] Please review all the information indicated on the form for accuracy.
- [X] An officer must sign and date the bottom of the Uniform Business Report on Line 13.
- [X] A payment in the amount of \$150.00 is required with the filing of this report. Enclose a check made payable to Department of State. Please indicate your Federal ID number on the check.
- [X] Mail signed Uniform Business Report form and remittance in the enclosed envelope so as to be postmarked by May 1, 2002 to:

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

The use of certified mail provides a receipt of proof of timely filing. The client copy and this instruction form are for your files. Please contact us if you have any questions.

AIDMAN, PISER & COMPANY, P.A.