

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L27479**

1. Entity Name

STRICKLER BROS., INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90008 023 ***150.00

Principal Place of Business

17568 ROCKEFELLER CR.
STE. 4
FT. MYERS FL 33912
US

Mailing Address

17568 ROCKEFELLER CR.
STE. 4
FT. MYERS FL 33912-6008
US

2. Principal Place of Business

17136 Jean Street
Suite Apt. #, etc.

3. Mailing Address

17136 Jean Street
Suite Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

4. FEI Number

65-0159654

Applied For

Not Applied For

Zip

33912

Country

Lee

Zip

33912

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRICKLER, STEVEN J.
8145 GULL LN
FT. MYERS FL 33912

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

Steven J. Strickler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-00

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

TITLE PD
NAME STRICKLER, STEVEN J
STREET ADDRESS 8145 GULL LN
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE VP
NAME STRICKLER, DANIEL S
STREET ADDRESS 17257 PHLOX DR., S.E.
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE VP
NAME STRICKLER, DEAN A
STREET ADDRESS 18558 DOGWOOD RD
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE VP
NAME STRICKLER, GARY L
STREET ADDRESS 18239 USEPPA RD
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE VP
NAME ANTHONY, SUSAN
STREET ADDRESS P.O. BOX 2031
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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 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:

Steven J. Strickler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-00

941-267-2050