

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2002 90190 023 \*\*\*150.00

**DOCUMENT # L27479**

1. Entity Name  
**STRICKLER BROS., INC.**

Principal Place of Business  
**17136 JEAN STREET**  
**STE 1**  
**FT. MYERS FL 33912**  
**US**

Mailing Address  
**17136 JEAN STREET**  
**STE 1**  
**FT. MYERS FL 33912**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0159654**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**10600 Sharon Dr.**

City

**N. Fort Myers**

**FL**

Zip Code

**33917**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRICKLER, STEVEN J	
STREET ADDRESS	8145 GULL LN	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRICKLER, DANIEL S.	
STREET ADDRESS	4630 PINE ROAD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRICKLER, DEAN A	
STREET ADDRESS	18209 POPLAR ROAD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRICKLER, GARY L	
STREET ADDRESS	8353 BAMBOO ROAD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANTHONY, SUSAN	
STREET ADDRESS	P.O. BOX 2031	
CITY-ST-ZIP	FT MYERS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEVAULT, HOLLY L	
STREET ADDRESS	8145 GULL LANE	
CITY-ST-ZIP	FT. MYERS FL 33902	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>10600 Sharon Dr.</b>
CITY-ST-ZIP	<b>N. Fort Myers, FL 33917</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>10550 Sharon Dr.</b>
CITY-ST-ZIP	<b>N. Fort Myers, FL 33917</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b>
STREET ADDRESS	<b>Strickler, Holly L.</b>
CITY-ST-ZIP	<b>10600 Sharon Dr.</b>
	<b>N. Fort Myers, FL 33917</b>

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.

**HOLLY STRICKLER**

**CORP. SECRETARY - SBI**

SIGNATURE:

*Holly L. Strickler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-02**

Date

**941-267-2050**

Daytime Phone #

CP2F024 (9/01)