

2000 UNIFORM BUSINESS REPORT (UBR)

0116068

1

DOCUMENT # P94000068111

1. Entity Name

STRAKA AND ASSOCIATES, INC.

FILED

00 MAR -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

405 F ATLANTIS RD.
CAPE CANAVERAL FL 32920

PO BOX 928
CAPE CANAVERAL FL 32920-0928
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

59-3266874

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

STRAKA, CHRISTOPHER J
405-F ATLANTIS ROAD
CAPE CANAVERAL FL 32920

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME STAKA, CHRISTOPHER
STREET ADDRESS 405-F ATLANTIS RD.
CITY-ST-ZIP CAPE CANAVERAL FL



TITLE VS
NAME RENTZ, CYNTHIA L
STREET ADDRESS 405-F ATLANTIS RD
CITY-ST-ZIP CAPE CANAVERAL FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



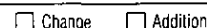
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



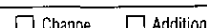
TITLE VS
NAME STAKA, CHRISTOPHER
STREET ADDRESS 405-F Atlantis Road
CITY-ST-ZIP Cape Canaveral, FL 32920



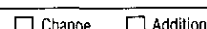
TITLE
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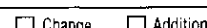
TITLE
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CITY-ST-ZIP



TITLE
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STREET ADDRESS
CITY-ST-ZIP



TITLE
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:

SIGNATURE REQUIRED

Christopher J. Straka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

02/29/2000

407.799.4900

Date

Daytime Phone #

CR2E034 (9/99)



P94000068111 (2)

ACCOUNT NO. : 072100000032

REFERENCE : 607778 7120823

AUTHORIZATION :

Patricia Pugh

COST LIMIT : \$ 158.75

ORDER DATE : March 1, 2000

ORDER TIME : 2:47 PM

ORDER NO. : 607778-035

CUSTOMER NO: 7120823

CUSTOMER: Ms. Cynthia L. Rentz
Straka & Associates
405-f Atlantis Road

Cape Canaveral, FL 32920

ANNUAL REPORT FILING

NAME: STRAKA AND ASSOCIATES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS:

RECEIVED
00 MAR -1 PM 3:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA