

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007937

1. Entity Name

STRL CORP.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90106 025 \*\*\*150.00

Principal Place of Business

401 E. OSCEOLA ST. STE. 102  
STUART FL

Mailing Address

2221 SIDONIA ST  
PORT SAINT LUCIE FL 34952

2. Principal Place of Business

1100 S. FED Hwy

3. Mailing Address

1592 S.E. OCEAN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART, FLORIDA

City & State

PT. ST. LUCIE, FLA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

65-0997334

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip

34994

Country

MARTIN

Zip

34983

Country

St. Lucie

6. Name and Address of Current Registered Agent

WACKEN, W.T.  
401 E. OSCEOLA ST. STE. 102  
STUART FL

7. Name and Address of New Registered Agent

Name

WACKEN W.T.

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

1100 S. FED Hwy

City

STUART,

FL

Zip Code

34994

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. N/A

SIGNATURE Rodney L. Giersdorf - Pres. STRL Corp. Address Change Only  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE 4-15-2001

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, 2001 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	<input type="checkbox"/> Delete
NAME	GIERSDORF, RODNEY L	
STREET ADDRESS	2221 S.E. SIDONIA ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIERSDORF, SHARON T	
STREET ADDRESS	2221 S.E. SIDONIA ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIERSDORF, RODNEY L.	
STREET ADDRESS	1592 S.E. OCEAN LANE	
CITY-ST-ZIP	PT. ST. LUCIE, FLA 34983	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIERSDORF, SHARON T.	
STREET ADDRESS	1592 S.E. OCEAN LANE	
CITY-ST-ZIP	PT. ST. LUCIE, FLA 34983	
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 type="checkbox"/> Change <input type="checkbox"/> 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: Rodney L. Giersdorf - Pres. STRL Corp. (561)-336-3391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-18-2001 Daytime Phone #

0437120

CR2E034 (10/00)