


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90122 021 \*\*\*158.75

**DOCUMENT # 681147**

1. Entity Name  
**STELKO CORPORATION**



Principal Place of Business  
**4401 ASHTON RD.  
SARASOTA FL 34233**

Mailing Address  
**4401 ASHTON RD.  
SARASOTA FL 34233**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3024757**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**AHLQUIST, RICHARD  
2088 HAWTHORNE ST.  
SARASOTA FL 34239**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STELMASHENKO, STAN</b>	
STREET ADDRESS	<b>4401 ASHTON ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>PCT</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, CECILE</b>	
STREET ADDRESS	<b>4401 ASHTON ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STELMASHENKO, DEMETRIUS</b>	
STREET ADDRESS	<b>4401 ASHTON ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>CHAIRMAN - DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STELKO, STAN</b>	
STREET ADDRESS	<b>4401 ASHTON ROAD, SUITE A</b>	
CITY-ST-ZIP	<b>SARASOTA, FL, 34233</b>	
TITLE	<b>TR. PRESIDENT - DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLARK, CECILE C</b>	
STREET ADDRESS	<b>4401 ASHTON RD, SUITE A</b>	
CITY-ST-ZIP	<b>SARASOTA, FL, 34233</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V. PRESIDENT - DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLARK, CHRISTINA L</b>	
STREET ADDRESS	<b>4401 ASHTON RD. SUITE A</b>	
CITY-ST-ZIP	<b>SARASOTA, FL, 34233</b>	
TITLE	<b>V. PRESIDENT SECRETARY DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARMICHAEL, LARISSA</b>	
STREET ADDRESS	<b>4401 ASHTON RD. SUITE A</b>	
CITY-ST-ZIP	<b>SARASOTA, FL, 34233</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE OF RICHARD AHLQUIST **STELKO, STAN** 3/6/03 941-922-6385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR - Date Daytime Phone #

CR2FE034 110102