

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**  
 03-21-2000 90078 030 \*\*\*\*61.25

**DOCUMENT # 758077**

1. Entity Name

**S.T.L.K., INC.**

Principal Place of Business

**43 N.W. 2ND STREET  
 HOMESTEAD FL 33030**

Mailing Address

**43 N.W. 2ND STREET  
 HOMESTEAD FL 33030-5924**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2240892**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHILD, MARVIN  
 590 ENGLISH AVENUE  
 HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name **John H. Lupisell JR.**

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

**650 N. W. 17 Court**

City **Homestead,**

**FL**

Zip Code **33030**

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 **John H. Lupisell JR.**

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

*John H. Lupisell JR.*

(NOTE: Registered Agent signature required when reinstating)

**3-10-00**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRESSI, ANTHONY SR</b> <b>34562 SW 187 PL</b> <b>HOMESTEAD FL 33034</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANN, JOHN</b> <b>8940 SW 192 DR</b> <b>MIAMI FL 33157</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HELMS, STEVEN</b> <b>19500 SW 308 STREET</b> <b>HOMESTEAD FL 33030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>VOIGHT, DALE</b> <b>35303 SW 180 AVE LOT 381</b> <b>HOMESTEAD FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRAHAM, ELLIS</b> <b>16223 SW 108 COURT</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LUPISELL, JOHN H JR.</b> <b>650 NW 17 CT</b> <b>HOMESTEAD FL</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**James Suits**  
**15430 S.W.260 S .**  
**Miami, Fl. 33032**

**Dale Voight**  
**35303 S. W. 180 Ave. Lot 381**  
**Homestead, Fla. 33034**

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 617, 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:

**John H. Lupisell JR.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John H. Lupisell JR.*

**3-10-00 305-247-6618**  
 Date Daytime Phone #