

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 758077**

1. Entity Name

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

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**23-7424310**  
**59-2240892**

Applied For

Not Applicable

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

**LUPISELL, JOHN H JR  
650 NW 17 COURT  
HOMESTEAD FL 33030**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	S	SUITS, JAMES	15430 SW 260 S HOMESTEAD FL 33032	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	HANN, JOHN	8940 SW 192 DR MIAMI FL 33157	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	HELMS, STEVEN	19500 SW 308 STREET HOMESTEAD FL 33030	<input checked="" type="checkbox"/> Delete		D	Milton Yarbrough 18230 Sw 2022 St Homestead, Fla 33030-1849		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	P	VOIGHT, DALE	35303 SW 180 AVE LOT 381 HOMESTEAD FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	GRAHAM, ELLIS	16223 SW 108 COURT MIAMI FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
		LUPISELL, JOHN H	650 NW 17 CT HOMESTEAD FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

**LUPISELL JR 3/28/01 305-742-6618**

CR2E037 (10/00)