

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

23-7424310

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	S	<input type="checkbox"/> Delete
NAME	SUITS, JAMES	
STREET ADDRESS	15430 SW 260 S	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANN, JOHN	
STREET ADDRESS	8940 SW 192 DR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YARBROUGH, MILTON	
STREET ADDRESS	18230 SW 292 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030-1849	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VOIGHT, DALE	
STREET ADDRESS	35303 SW 180 AVE LOT 381	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, ELLIS	
STREET ADDRESS	16223 SW 108 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUPISELL, JOHN H	
STREET ADDRESS	650 NW 17 CT	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE DYKES	
STREET ADDRESS	19505 SW 304 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON L. HOBBS	
STREET ADDRESS	18760 SW 248 ST.	
CITY-ST-ZIP	HOMESTEAD, FLA 33031-1702	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT C. DYKES	
STREET ADDRESS	P.O. BOX 901433	
CITY-ST-ZIP	HOMESTEAD, FLA 33090-1433	
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		

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 #

4-2-02 305-247-6618

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90486 018 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)