

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-17-2003 90474 039 ****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**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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: _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: S	NAME: SUITS, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS: 15430 SW 260 S	CITY-ST-ZIP: HOMESTEAD FL 33032	
TITLE: D	NAME: DYKES, WAYNE	<input type="checkbox"/> Delete
STREET ADDRESS: 19505 SW 304 ST	CITY-ST-ZIP: HOMESTEAD FL 33030	
TITLE: D	NAME: HOBBS, BENSON L	<input type="checkbox"/> Delete
STREET ADDRESS: 18760 SW 248 ST	CITY-ST-ZIP: HOMESTEAD FL 33031-1702	
TITLE: P K	NAME: DYKES, ROBERT C	<input type="checkbox"/> Delete
STREET ADDRESS: PO BOX 901433	CITY-ST-ZIP: HOMESTEAD FL 33040-1433	
TITLE: D	NAME: GRAHAM, ELLIS	<input type="checkbox"/> Delete
STREET ADDRESS: 16223 SW 108 COURT	CITY-ST-ZIP: MIAMI FL	
TITLE: T	NAME: LUISELL, JOHN H	<input type="checkbox"/> Delete
STREET ADDRESS: 650 NW 17 CT	CITY-ST-ZIP: HOMESTEAD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: P	NAME: BENSON L. HOBBS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 18760 SW 248 ST	CITY-ST-ZIP: HOMESTEAD, FLA 33031-1702	
TITLE: D	NAME: ROBERT C. DYKES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: P.O. BOX 9014 33	CITY-ST-ZIP: HOMESTEAD, FLA 33040-14 33	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*

3-14-03 3:50 PM 6.18

CR2E037 (10/02)