

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**LUPISELL, 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** ☐ Delete
NAME **SUITS, JAMES**
STREET ADDRESS **15430 SW 260 S**
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE **D** ☐ Delete
NAME **DYKES, WAYNE**
STREET ADDRESS **19505 SW 304 ST**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **D** ☐ Delete
NAME **HOBBS, BENSON L**
STREET ADDRESS **18760 SW 248 ST**
CITY-ST-ZIP **HOMESTEAD FL 33031-1702**

TITLE **P K** ☐ Delete
NAME **DYKES, ROBERT C**
STREET ADDRESS **PO BOX 901433**
CITY-ST-ZIP **HOMESTEAD FL 33040-1433**

TITLE **D** ☐ Delete
NAME **GRAHAM, ELLIS**
STREET ADDRESS **16223 SW 108 COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ Delete
NAME **LUPISELL, JOHN H**
STREET ADDRESS **650 NW 17 CT**
CITY-ST-ZIP **HOMESTEAD FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **BENSON L. HOBBS**
STREET ADDRESS **18760 SW 248 ST**
CITY-ST-ZIP **HOMESTEAD, FLA 33031-1702**

TITLE **D** ☒ Change ☐ Addition
NAME **ROBERT C. DYKES**
STREET ADDRESS **P.O. BOX 9014 33**
CITY-ST-ZIP **HOMESTEAD, FLA 33040-14 33**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

3-14-03 3:50 PM 6.618

CR2E037 (10/02)