

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90131 044 \*\*\*150.00

**DOCUMENT # K68485**

1. Entity Name  
**FB SUPPRESSORS, INC.**



Principal Place of Business

% FRANCES F. BENSON  
17275 SW 256TH STREET  
HOMESTEAD FL 33031

Mailing Address

% FRANCES F. BENSON  
17275 SW 256TH STREET  
HOMESTEAD FL 33031

2. Principal Place of Business

**18395 SW 293RD STREET**

3. Mailing Address

**18395 SW 293RD STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HOMESTEAD, FL**

City & State

**HOMESTEAD, FL**

4. FEI Number

**65-0094800**

Applied For

Not Applicable

Zip

Country

**33030-3028**

**USA**

Zip

Country

**33030-3028**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BENSON, FRANCES F.**  
**17275 SW 256 ST.**  
**HOMESTEAD FL 33031**

7. Name and Address of New Registered Agent

Name **JOHN W. STARKE**

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

**18395 SW 293RD STREET**

City

**HOMESTEAD**

**FL**

Zip Code

**33030-3028**

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

*John W. Starke, President* **JOHN W. STARKE**

**01-15-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>STARKE, JOHN W</b>	
STREET ADDRESS	<b>17275 SW 256 TH ST</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>BENSON, FRANCES F</b>	
STREET ADDRESS	<b>17275 SW 256TH ST</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN W. STARKE</b>	
STREET ADDRESS	<b>18395 SW 293 STREET</b>	
CITY-ST-ZIP	<b>HOMESTEAD, FL. 33030-3028</b>	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENSON, FRANCES F.</b>	
STREET ADDRESS	<b>21005 SW 184th AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33187</b>	
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		
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 607, 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 W. Starke* **JOHN W. STARKE**

**01-15-03**

**305 247-3477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)