

FILED


03 MAY -1 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000115470

1. Entity Name
STEALTH REFRIGERATION, INC.



Principal Place of Business Mailing Address
8610 INDIES DRIVE 8610 INDIES DRIVE
HUDSON, FL. 34667 HUDSON, FL. 34667

2. Principal Place of Business		3. Mailing Address	
Subs, Apt. #, etc.		Subs, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FBI Number **60-3687503** Applied For: Not Applicable

5. Certificate of Status Declared **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEATHERMAX, DAWN
8610 INDIES DRIVE
HUDSON, FL. 34667

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 my stated agent.

SIGNATURE: _____
(Signature, name and address of authorized agent and his if available. (Name of Registered Agent, name and address of electing agent)

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PO	NAME: WEATHERMAX, JAMES A	TITLE:	NAME:
STREET ADDRESS: 8610 INDIES DRIVE	CITY-STATE-ZIP: HUDSON, FL. 34667	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: VPTD	NAME: WEATHERMAX, DAWN R	TITLE:	NAME:
STREET ADDRESS: 8610 INDIES DRIVE	CITY-STATE-ZIP: HUDSON, FL. 34667	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE:	NAME: Secretary Emanuel Amorelli	TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP: 716 CHIT DR. BRANDEN, FL 33511	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	STREET ADDRESS:	CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(3)(c), Florida Statutes. I further certify that the information disclosed 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 the empowered.

SIGNATURE: *Dawn Weathermax* 4-23-03 727 863-8630