

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90062 005 \*\*\*150.00

**DOCUMENT # P02000001789**

1. Entity Name  
**STEALTH INVESTIGATIVE SERVICES, INC.**



Principal Place of Business

Mailing Address  
**POST OFFICE BOX 1913  
CAPE CANAVERAL FL 32920**

2. Principal Place of Business

3. Mailing Address

**POST OFFICE BOX 1913**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CAPE CANAVERAL, FL.**

Zip  
**32920**

Country  
**USA**

Zip

Country

4. FEI Number

**26-0016203**

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

7. Name and Address of New Registered Agent

**PICKLES, TIMOTHY F  
1970 MICHIGAN AVENUE  
BUILDING C  
COCOA FL 32922**

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 \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEACH, KATHRYNE A POST OFFICE BOX 1913 CAPE CANAVERAL FL 32920</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Kathryne Leach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHRYNE LEACH 4/18/03 321-6931050**

Date

Daytime Phone #

CR2034 (10/02)

Attachment DO# P02000001789 - 11006396

TO WHOM IT MAY CONCERN: 4/18/03

The change in my principal place of business address was approved this date by Mark Corbett, Secty. of State, Div. of Corp. My former address is protected under the provisions of 119.07(3)

F.S. Thank You,

Kathryn Leach  
PRESIDENT-STEALTH