

2009

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

09 MAR 11 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|------------------------|--|
| DOCUMENT # 80600074059 | |
| 1. Entity Name | |
| Stealth, Inc. | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|----------------------------|---------|
| 2. Principal Place of Business 13216 US Highway 19 | | 3. Mailing Address SAME | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Hudson, FL | | City & State | |
| Zip 34667 | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 90-0282569 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

| | |
|---|----------------------|
| Name Frank T. Sanna | |
| Street Address (P.O. Box Number is Not Acceptable) 1449 North Jasmine Avenue | |
| City Tarpon Springs | Zip Code FL 34689 |

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 Frank T. Sanna DATE 3-5-09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1st May 1st Fee is \$150.00After May 1st Fee is \$550.00

Amended UBR is \$61.25

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.

| | | | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FRANK T SANNA 1449 N. JASMINE AVE. TARPON SPRINGS, FL 34689 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300145527463 03/11/09-01017-024 **150.00 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-09 727-919-3595