2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 AM
Secretary of State

DOCUMENT# G28946

Entity Name: GALATI BROTHERS OF FLORIDA, INC.

Current Principal Place of Business:

% JOSEPH GALATI
900 S. BAY BLVD.
ANNA MARIA, FL 34216

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 862
ANNA MARIA, FL 34216 US

New Mailing Address:

FEI Number: 59-2243048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALATI, JOSEPH
P. O. BOX 862
900 S. BAY BLVD.
ANNA MARIA, FL 34216

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ( ).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	GALATI, JOSEPH,	
Address:	6 PAHOKEE LN	
City-St-Zip:	DESTIN, FL 32541	
Title:	D	( ) Delete
Name:	GALATI, CARMINE,	
Address:	608 N POINT DR	
City-St-Zip:	HOLMES BEACH, FL	
Title:	D	( ) Delete
Name:	GALATI, MICHAEL A.,, JR.	
Address:	614 N POINT DR	
City-St-Zip:	HOLMES BEACH, FL	
Title:	D	( ) Delete
Name:	GALATI, CHRISTOPHER	
Address:	628 HAMPSHIRE LANE	
City-St-Zip:	HOLMES BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH GALATI DP 04/26/2002

Electronic Signature of Signing Officer or Director Date