

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90212 024 \*\*\*150.00

**DOCUMENT # P99000016430**

1. Entity Name  
**GALATI ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1208 VOYAGER ST  
 DELTONA FL 32725

1208 VOYAGER ST  
 DELTONA FL 32725

2. Principal Place of Business

*1208 Voyager St.*

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Deltona FL*

City & State

4. FEI Number **65-0896674**

Applied For  
 Not Applicable

Zip

Country

*32725 Volusia*

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALATI, STEPHEN**  
**1208 VOYAGER ST**  
**DELTONA FL 32725**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	<b>GALATI, STEPHEN</b>	
STREET ADDRESS	<b>1208 VOYAGER ST</b>	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>GALATI, ANGELA</b>	
STREET ADDRESS	<b>1208 VOYAGER ST</b>	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Stephen Galati* **STEPHEN GALATI** *2-9-01* *407-575-0810*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/00)