2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Admilian Address

P99000016430 **DOCUMENT #**

1. Entity Name

Dringland Diago of Dringland

SIGNATURE:

GALATI ENTERPRISES, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90167 033 ***150.00

1208 VOYAGE DELTONA FL	R ST	1208 VOYAGER ST DELTONA FL 32725						
,	Place of Business	3. Mailing Address P. O Box 4133						11144 111 14 1 41 1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		ENTERPRISE FLOREDA			4. FEI Number 65-0896674 Applied For Not Applicable			
Zip	Country	32725	Country J.S. A.	्र इन्हें	5. Certificate of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	t Registered Agent	. Name *		7. Name and Address of New F	legistered Ag	ent	
CALATIC	Name	ranc						
GALATI, STEPHEN 1208 VOYAGER ST			Street A	Street Address (P.O. Box Number is Not Acceptable)				
DELTONA	FL 32/25				1			
			City			FL	Zip Code	е
Fi After	Signature, typed or printed theme of registered agen ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 t Payable to Florida Department of		Registered Agent signat	ure required wh	9. Election Campaign Fir Trust Fund Contributio			0 May Be
10.	OFFICERS AND	DIRECTORS	11.	•		ICERS AND D	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GALATI, STEPHEN 1208 VOYAGER ST DELTONA FL 32725	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				C hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Galati, angela 1208 Voyager St Deltona FL 32725	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Galali 207 Oster	Ausela Blackiche Rel en F1, 32746	[⊠ Change	☐ Addition
TITLE Name Street address City-St-Zip		· Delete -	NAME STREET ADDRESS CITY-ST-ZIP	— —	energy to the second	man ·	Change	☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(Change	☐ Addition
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	☐ Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
indicated of the cor	pertify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address	is true and accurate and that mo cowered to execute this report a	y signature shall h	ave the san	ne legal effect as if made under o	oath; that I am	an officer	or director

REQUIRED