

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 506655

1. Entity Name

GALATI'S MARINE, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90095 001 \*\*\*150.00

Principal Place of Business

900 S BAY BLVD  
BOX 862  
ANNA MARIA FL 34216

Mailing Address

900 S BAY BLVD  
BOX 862  
ANNA MARIA FL 34216-0862

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1691932

Applied For

Not Applicable

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, JOSEPH  
900 SOUTH BAY BLVD.  
ANNA MARIA FL 34216

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 SD  
NAME GALATI, CARMINE  
STREET ADDRESS 900 SOUTH BAY BLVD  
CITY-ST-ZIP ANNA MARIA FL

TITLE PD  
NAME GALATI, JOSEPH  
STREET ADDRESS 900 SOUTH BAY BLVD  
CITY-ST-ZIP ANNA MARIA FL

TITLE TD  
NAME GALATI, MICHAEL A, JR  
STREET ADDRESS 900 SOUTH BAY BLVD  
CITY-ST-ZIP ANNA MARIA FL

TITLE VD  
NAME GALATI, CHRISTOPHER  
STREET ADDRESS 900 SOUTH BAY BLVD  
CITY-ST-ZIP ANNA MARIA FL

TITLE D  
NAME GALATI, ANNA M  
STREET ADDRESS 606 N POINT DR  
CITY-ST-ZIP HOLMES BCH. FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 6 Pahoehoe Lane  
CITY-ST-ZIP Destin, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Frances M. Galati  
STREET ADDRESS 4109-51st Drive W.  
CITY-ST-ZIP Bradenton, FL 34210

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Galati

4/24/00 (941) 778-0755

Date

Daytime Phone #