2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 506655 1. Entity Name GALATI'S MARINE, INC.						FILED Apr 24, 2001 08:00 AM Secretary of State				
Principal Place 900 S BAY BLV BOX 862 ANNA MARIA 34216	/D	Mailing Address 900 S BAY BLVD BOX 862 ANNA MARIA 34216		FL						
2. Principal P	face of Business	3. Mailing Address P. O. BOX 862		· , ,					-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-		DO NOT WR	TE IN THIS	SPACE	–	
City & State	e	City & State		FL		FEI Number			Applied For	Ì
Zip	Country	Zip 34216	Coun	try	- 1	9-1691932 Certificate of Status Desired		\$8.75 A		-
	6. Name and Address of Current F			·	7	Name and Address of New I	Pagistarad	Fee Requi	rea	4
GALATI, JOSEPH 900 SOUTH BAY BLVD.					JOSI	JOSEPH s (P.O. Box Number is Not Acceptable)				
ANNA MAR 34216	US FI	L		P. O. BO	X 862			-, -		
· · · · · · · · · · · · · · · · · ·	named entity submits this statement for			City ANNA M			FL Zip Code 34216			
Tax filing r (See criter	JOSEPH GALATI Signature, typed or printed name of registered agent as pration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	After MAY 1, 200	FEE Fee to De	IS \$150.0 will be \$5	of State	10. Election Campaign For Trust Fund Contribution	DATE nancing n.	∐ Ådd	00 May Be ed to Fees	
11.	OFFICERS AND I		12.		AI	DDITIONS/CHANGES TO OF	ICERS AN	ID DIRECTO	RS IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALATI FRANCES M 4109 51ST DRIVE W BRADENTON	FL 34210						☐ Change	Addition	E034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALATI CHRISTOPHER 900 SOUTH BAY BLVD ANNA MARIA	☐ Delete ¸			VD GALATI 900 SOUTI ANNA MA	CHRISTOPHER H BAY BLVD RIA	FL	Change 34216	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALATI, MICHAEL A, JR 900 SOUTH BAY BLVD ANNA MARIA	☐ Delete				ATI, MICHAEL A, JR DUTH BAY BLVD A MARIA		Change 34216	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALATI, JOSEPH 6 PAHOKEE LANE DESTIN	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALATI, CARMINE 900 SOUTH BAY BLVD ANNA MARIA	☐ Delete				TI, C'ARMINE OUTH BAY BLVD MARIA			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my wered to execute this report as	ו בוחח או	ure chall ha	ive the same oter 607, Flor	Jenal effect se if made under	aath, that l	am an office	ne or director	

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR