

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90218 034 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P98000104835**

1. Entity Name  
**BELLWETHER INVESTMENTS, INC.**



Principal Place of Business  
33 N.E. 45TH TERR.  
OCALA, FL 34470

Mailing Address  
33 N.E. 45TH TERR.  
OCALA, FL 34470

2. Principal Place of Business  
**1295 SW 37th PLACE RD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1295 SW 37th PLACE RD.**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**OCALA FL**

City & State  
**OCALA FL**

4. FEI Number  
**59-3552803**

Applied For  
☐ Not Applicable

Zip  
**34474-4556**

Country  
**USA**

Zip  
**34474-4556**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**FLANAGAN, GREGORY S ESQ.**  
**230 N.E. 26TH AVE., STE. 200**  
**OCALA, FL 34470-6632**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2701 SE MARICAMP RD.**

**SUITE 104**

City

**OCALA**

FL

Zip Code  
**34471**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**3/26/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	FLANAGAN, GREGORY S	<del>230 N.E. 26TH AVE., STE. 200</del>	<del>OCALA, FL 34470</del>	
	PSTD			
	GALAT, JOHN A	<del>33 NE 45TH TERRACE</del>	<del>OCALA, FL 34470</del>	
	VPD			
	GALAT, LAURIE J	<del>33 NE 45TH TERRACE</del>	<del>OCALA, FL 34470</del>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>2701 SE MARICAMP RD. SUITE 104</b>	<b>OCALA FL 34471</b>	
		<b>1295 SW 37th PLACE RD.</b>	<b>OCALA FL 34474-4556</b>	
		<b>1295 SW 37th PLACE RD.</b>	<b>OCALA FL 34474-4556</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

**John A. Galat**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN A. GALAT X**

**3/26/03**

**X 352-867-8311**  
Daytime Phone #

CP2E034 (10/02)