

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90154 044 ****70.00

DOCUMENT # N06803

1. Entity Name

BOLLES/ST. AUGUSTINE, INC.

Principal Place of Business

1533 WILDWOOD DRIVE
 ST. AUGUSTINE FL 32086

Mailing Address

1533 WILDWOOD DRIVE
 ST. AUGUSTINE FL 32086

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

59-2503766

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DEMONTMOLLIN, HARRY M
7400 SAN JOSE BLVD
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name **Edward J. Stopyra**
 Street Address (P.O. Box Number is Not Acceptable)
7400 San Jose Boulevard
 City **Jacksonville** **FL** Zip Code **32217**

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 Edward J. Stopyra **Edward J. Stopyra - Pres. 1-12-01**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	CDP DEMONTMOLLIN, HARRY M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7400 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE NAME	SD SCOTT, FREDERICK H	<input type="checkbox"/> Delete
STREET ADDRESS	7400 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE NAME	VPD STOPYRA, EDWARD J	<input type="checkbox"/> Delete
STREET ADDRESS	7400 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE NAME	D BORG, MR. WILLIAM F	<input type="checkbox"/> Delete
STREET ADDRESS	7400 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 33221	
TITLE NAME	DT HARTLEY, RUTH M	<input type="checkbox"/> Delete
STREET ADDRESS	7400 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	C,D,P Stopyra, Edward J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7400 San Jose Boulevard	
CITY-ST-ZIP	Jacksonville, Florida 32217	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Move to above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

904-733-8382

Date

Daytime Phone #

CR2E037 (10/00)