

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704469

1. Entity Name

BOLESTA CENTER, INC.

Principal Place of Business

7205 N HABANA AVE
TAMPA FL 33614
US

Mailing Address

7205 N HABANA AVE
TAMPA FL 33614
US

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

59-6153343

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

MURPHY JR, JAMES B
501 E KENNEDY BLVD #1400
TAMPA FL 33601

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Delete
NAME SKAALAND, EDWARD
STREET ADDRESS 143 EIGHTH AVE NORTH
CITY-ST-ZIP SAFETY HARBOR FL

TITLE PD ☒ Change ☐ Addition
NAME David Calogage
STREET ADDRESS 4770 Stonewoods Circle
CITY-ST-ZIP Oldsmar, Florida 34677

TITLE SD ☒ Delete
NAME MURPHY, JIM
STREET ADDRESS 414 SHORE CREST DR
CITY-ST-ZIP TAMPA FL 33609

TITLE SD ☒ Change ☐ Addition
NAME Suzanna Alvarez
STREET ADDRESS 2890 ~~Alton~~ Alton Drive
CITY-ST-ZIP St. Petersburg Beach, Florida 33706

TITLE PD ☒ Delete
NAME GIOVENCO, NORMAN
STREET ADDRESS 100 S AHLEY ST STE 1650
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MARTINO, LEE
STREET ADDRESS 1087 MARCO DR NE
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.10.00 (813)932-1184

Date

Daytime Phone #

FILED
Aug 17, 2000 8:00 am
Secretary of State

02-16-2000 90065 035 ****70.00

19618



DO NOT WRITE IN THIS SPACE