

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

06-09-2003 90112 005 ****61.25

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 **Schifino, John**
Street Address (P.O. Box Number is Not Acceptable)
128 Bosphorous Ave.
Tampa
City **Tampa** FL Zip Code **33606**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ALVAREZ, SUZANNE**
STREET ADDRESS **2890 ALTON DRIVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

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

TITLE **VPD** ☐ 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 **SD** ☒ Delete
NAME **TAPLEY, RUTH**
STREET ADDRESS **3106 SAN RAFAEL**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ Change ☐ Addition
NAME **SO Bush, Cathy**
STREET ADDRESS **12936 74th Ave North**
CITY-ST-ZIP **Seminole, FL 33776**

TITLE **TD** ☒ Delete
NAME **DASHER, DAWN**
STREET ADDRESS **2332 NASSAU ST.**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ Change ☐ Addition
NAME **TD Gonzalez, Ray**
STREET ADDRESS **2404 West Bristol Ave.**
CITY-ST-ZIP **Tampa, FL 33609**

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 registered 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

9.9.03 813.932.1184

CR2E037 (4/03)