

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**

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 state 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 **CDP** ☒ Delete
 NAME **DEMONTMOLLIN, HARRY M**
 STREET ADDRESS **7400 SAN JOSE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **SD** ☐ Delete
 NAME **SCOTT, FREDERICK H**
 STREET ADDRESS **7400 SAN JOSE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **VPD** ☐ Delete
 NAME **STOPYRA, EDWARD J**
 STREET ADDRESS **7400 SAN JOSE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **D** ☐ Delete
 NAME **BORG, MR. WILLIAM F**
 STREET ADDRESS **7400 SAN JOSE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 33221**

TITLE **DT** ☐ Delete
 NAME **HARTLEY, RUTH M**
 STREET ADDRESS **7400 SAN JOSE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C,D,P** ☒ Change ☐ Addition
 NAME **Stopyra, Edward J.**
 STREET ADDRESS **7400 San Jose Boulevard**
 CITY-ST-ZIP **Jacksonville, Florida 32217**

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

TITLE ☒ Change ☐ Addition
 NAME **Move to above**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Date

Daytime Phone #

1/12/01 904-733-8282

CR2E037 (10/00)