

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90188 048 \*\*\*\*61.25

DOCUMENT # N06803

1. Entity Name

BOLLES/ST. AUGUSTINE, INC.

Principal Place of Business

Mailing Address

1533 WILDWOOD DRIVE  
ST. AUGUSTINE FL 32086

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

7. Name and Address of New Registered Agent

STOPYRA, EDWARD J  
7400 SAN JOSE BLVD  
JACKSONVILLE FL 32217

Name  
John E. Trainer, Jr. Ph.D.

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

7400 San Jose Blvd.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
John E. Trainer, Jr. Ph.D.  
7400 San Jose Blvd.  
Jacksonville, Florida 32217  
☒ Change ☐ Addition

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)