

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069468

1. Entity Name

BLASTOLA & PAINTING, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90027 013 ***150.00

Principal Place of Business

~~1915 SCHOLLATER CIRCLE #117~~
~~HOLIDAY FL 34689~~

Mailing Address

~~30 NORTH RING AVENUE, SUITE 400~~
~~TARPON SPRINGS FL 34689 4304~~

2. Principal Place of Business

409 S. Spring Blvd.

Suite, Apt. #, etc.

Apt. A

City & State

Tarpon Springs, FL

Zip

34689

Country

US

3. Mailing Address

409 S. Spring Blvd.

Suite, Apt. #, etc.

Apt. A

City & State

Tarpon Springs, FL

Zip

34689

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3528620

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

~~KLIMIS, GEORGE N~~

~~30 NORTH RING AVENUE, SUITE 400~~

~~TARPON SPRINGS FL 34689~~

Name

Haralompas Halkidis

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

409 S. Spring Blvd.

Apt. A

City

Tarpon Springs

FL

Zip Code

34689

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

Haralompas Halkidis

PRESIDENT

3/9/00

Signature, typed or printed name of registered agent

Title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HALKIDIS, HARALOMPOS	
STREET ADDRESS	1915 SCHOLLATER CIRCLE #117	
CITY-ST-ZIP	HOLIDAY FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	409 S. Spring Blvd. Apt. A	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Haralompas Halkidis

DATE

3/9/00

Daytime Phone #

CR2E034 (9/99)