

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069468

1. Entity Name

BLASTOLA & PAINTING, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90054 012 ***158.75

Principal Place of Business

Mailing Address

409 S SPRING BLVD
APT A
TARPON SPRINGS FL 34689
US

409 S SPRING BLVD
APT A
TARPON SPRINGS FL 34689
US

00011189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1612 Gulf Rd.
Suite, Apt. #, etc.

1612 Gulf Rd.
Suite, Apt. #, etc.

City & State

City & State

TARPON SPRINGS FL

TARPON SPRINGS FL

4. FEI Number 59-3528620

Applied For

Not Applicable

Zip

Country

34689 Pinellas

Zip

Country

34689 Pinellas

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

HALKIDIS, HARALOMPOS
409 S SPRING BLVD
APT A
TARPON SPRINGS FL 34689

Name HALKIDIS, HARALOMPOS

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

1612 Gulf Rd

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

Signature, typed or printed name of registered agent and 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HALKIDIS, HARALOMPOS	
STREET ADDRESS	409 S SPRING BLVD APT A	
CITY-ST-ZIP	TARPON SPRINGS 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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALKIDIS HARALOMPOS	
STREET ADDRESS	1612 Gulf Rd	
CITY-ST-ZIP	TARPON SPRING 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		
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

Date

727 938 4342

Daytime Phone #

CR2E034 (10/00)