


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90049 029 \*\*\*150.00

**DOCUMENT # F01000003920**

1. Entity Name  
**PARKING FACILITY SYSTEM, INC.**



Principal Place of Business  
**2401 21ST AVENUE SOUTH  
NASHVILLE TN 37212**

Mailing Address  
**2401 21ST AVENUE SOUTH  
NASHVILLE TN 37212**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **62-1861888**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	ABBOTT, HENRY J	
STREET ADDRESS	2401 21ST AVE S, #200	
CITY-ST-ZIP	NASHVILLE TN 37212	
TITLE	CFOD	<input checked="" type="checkbox"/> Delete
NAME	COY, MIRIAM A	
STREET ADDRESS	2401 21ST AVE S, #200	
CITY-ST-ZIP	NASHVILLE TN 37212	
TITLE	CD	<input type="checkbox"/> Delete
NAME	VARESCHI, JR, WILLIAM J	
STREET ADDRESS	2401 21ST AVE S, #200	
CITY-ST-ZIP	NASHVILLE TN 37212	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BODENHOMER, JR, WILLIAM	
STREET ADDRESS	2401 21ST AVE S, #200	
CITY-ST-ZIP	NASHVILLE TN 37212	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Interim CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William J. Vareschi Jr	
STREET ADDRESS	2401 21st Ave So. Ste 200	
CITY-ST-ZIP	Nashville TN 37212	
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		

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 607, 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: Henry J. Abbott **REQUIRED** 4/7/03 (615) 850-6227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)