

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90137 042 ***150.00

DOCUMENT # J74522

1. Entity Name
PARKWAY PARKING OF FLORIDA, INC.



Principal Place of Business
% PARKWAY CORPORATION
150 NORTH BROAD STREET
PHILADELPHIA PA 19102-1424

Mailing Address
% PARKWAY CORPORATION
150 NORTH BROAD STREET
PHILADELPHIA PA 19102-1424



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1735519**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ZURITSKY, JOSEPH S.	
STREET ADDRESS	150 NORTH BROAD STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	1SVP	<input type="checkbox"/> Delete
NAME	WINIGRAD, ETTA	
STREET ADDRESS	150 NORTH BROAD STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	EVCO	<input type="checkbox"/> Delete
NAME	ZURITSKY, ROBERT	
STREET ADDRESS	150 NORTH BROAD STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	CAROMANO, DIANA	
STREET ADDRESS	150 N BROAD STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	VRPM	<input type="checkbox"/> Delete
NAME	BONI, ANNA	
STREET ADDRESS	150 NORTH BROAD STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	VPA	<input type="checkbox"/> Delete
NAME	WINIGRAD, JAKE	
STREET ADDRESS	150 NORTH BROAD STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	

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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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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03 215-575-4093
Date Daytime Phone #

CR2E034 (10/02)