

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90115 039 \*\*\*550.00

**DOCUMENT # P00480**

1. Entity Name

CENTRAL PARKING SYSTEM OF FLORIDA, INC.



Principal Place of Business

% MONROE J CARELL, JR  
2401 21ST AVENUE, SOUTH SUITE 200  
NASHVILLE TN 37212

Mailing Address

% MONROE J CARELL, JR  
2401 21ST AVENUE, SOUTH SUITE 200  
NASHVILLE TN 37212

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

62-1190082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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	C	<input type="checkbox"/> Delete
NAME	CARELL, MONROE J, JR	
STREET ADDRESS	2401 21ST AVE S #200	
CITY-ST-ZIP	NASHVILLE TN	

TITLE	S	<input type="checkbox"/> Delete
NAME	ABBOTT, HENRY J.	
STREET ADDRESS	2401 21ST AVE S STE 200	
CITY-ST-ZIP	NASHVILLE TN	

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	VARESCHI, WILLIAM J JR	
STREET ADDRESS	2401 21ST AVE S., SUITE 200	
CITY-ST-ZIP	NASHVILLE TN	

TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	VARESCHI, WILLIAM J JR	
STREET ADDRESS	2401 21ST AVE S STE 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emanuel Eads	
STREET ADDRESS	2401 21st Ave South	
CITY-ST-ZIP	Nashville, TN 37212	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Volteler	
STREET ADDRESS	Same as above	
CITY-ST-ZIP		

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Shapiro	
STREET ADDRESS	Same as above	
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*

Henry J. Abbott

6.23.04 (615) 297-4295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #