

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90134 009 \*\*\*150.00

**DOCUMENT # 328592**

**1. Entity Name**  
**PARKWAY MAINTENANCE & MANAGEMENT, CO.**



**Principal Place of Business**  
**8447 SW 99TH STREET ROAD**  
**OCALA FL 34481**

**Mailing Address**  
**8447 SW 99TH STREET ROAD**  
**OCALA FL 34481**

**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 59-1211990**

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**

**COLEN, GERALD R ESQ**  
**DEVITO & COLEN**  
**7243 BRYAN DAIRY RD**  
**LARGO FL 33777**

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DVP	<input type="checkbox"/> Delete
NAME	COLEN, SIDNEY A	
STREET ADDRESS	2291 WORLD PARKWAY BLVD WEST	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COLEN, INA A	
STREET ADDRESS	2291 WORLD PARKWAY BLVD WEST	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COLEN, KENNETH D	
STREET ADDRESS	8447 SW 99TH STREET ROAD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLEN, LESLEE R	
STREET ADDRESS	2291 WORLD PARKWAY BLVD WEST	
CITY-ST-ZIP	CLEARWATER FL 33763	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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

Date

Daytime Phone #

CR2E034 (10/02)