2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

F0000007044

1. Entity Name

CENTRAL PARKING SYSTEM OF NORTH CAROLINA, INC.



FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90157 005 ***150.00

Principal Place of Business 2401 21ST AVENUE SOUTH STE. 200 NASHVILLE TN 37212			2401 : STE. :	Mailing Address 2401 21ST AVENUE SOUTH STE. 200 NASHVILLE TN 37212											
2. Principal P	lace of Business	3. Mailing Address				T TORANGO NIN BEHA DENA DENA PENA BENA BEHA BENA BENA BENA BENA BENA BANA BANA BAN									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & State			City & State					4. FEIT	Number	62-156	6823			pplied For ot Applicable	
Zip	Country		Zip		Countr	Country		5. Certificate of Status Desired					\$8.75 Additional Fee Required		
<u> </u>	6. Name and	Address of Current	Registere	ed Agent				7. Nam	e and Ad	idress of	New Re	egistered	Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Name Street Address (P.O. Box Number is Not Acceptable)									
TALLAHASSEE FL 32301-2525							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 print	ed name of registered agent	and litle if app	licable. (NOTE	: Registered	Agent signate	required v	when reinstat	ing)			DATE			
After		EE IS \$150.00 ee will be \$550.00 rida Department o	of State							on Campa Fund Conf	-	~ .		00 May Be d to Fees	
10.	,	OFFICERS AND	DIRECTO	RS	11.			ADDIT	IONS/CH	IANGES T	O OFFIC	CERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABBOTT, HENI 2401 21ST AVI NASHVILLE TN	E S. #200		☐ Delete	TITLE NAME STREE CITY-S	T AODRESS							☐ Change	☐ Addition	
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I hereby certify that the information supplied with this filling 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: