

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0683197 AT

DOCUMENT # F98000002166

1. Entity Name

MIDTOWN LANIER PARKING, INC.

03-03-2002 90107 046 ***150.00

Principal Place of Business

**730 PEACHTREE STREET
 SUITE 1050
 ATLANTA GA 30308**

Mailing Address

**730 PEACHTREE STREET
 SUITE 1050
 ATLANTA GA 30308**

80036004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE.

City & State

City & State

4. FEI Number

58-2025508

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHILLE, MICHAEL
 505 E. JACKSON ST.
 SUITE 304
 TAMPA FL 33602**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P ROBISON, MICHAEL J**
 STREET ADDRESS **730 PEACHTREE ST STE 1050**
 CITY-ST-ZIP **ATLANTA GA 30308**

TITLE ☐ Change ☒ Addition
 NAME **CFO Leo F. Politz**
 STREET ADDRESS **730 Peachtree St. Ste 1050**
 CITY-ST-ZIP **Atlanta, GA 30308**

TITLE ☐ Delete
 NAME **V WALSH, TIMOTHY J**
 STREET ADDRESS **730 PEACHTREE ST STE., 1050**
 CITY-ST-ZIP **ATLANTA GA 30308**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **V DIGGS, SCOTT**
 STREET ADDRESS **1319 MILITARY CUTOFF SUITE 214**
 CITY-ST-ZIP **WILMINGTON NC 28405**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **V MICHOLIC, JAY**
 STREET ADDRESS **13023 EVEREST AVE.**
 CITY-ST-ZIP **APPLE VALLEY MN 55124**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T MOUAS, KIM**
 STREET ADDRESS **4535 OLD ACWORTH-DALLAS RD.**
 CITY-ST-ZIP **ACWORTH GA 30101**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S LINDQUIST, KEVIN L**
 STREET ADDRESS **3317 JAMES HARBOR WAY**
 CITY-ST-ZIP **LAWRENCEVILLE GA 30044**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 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

2/4/02

Date

(404) 881-6076

Daytime Phone #

CR2E034 (9/01)