

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

03-03-2002 90107 046 \*\*\*150.00

0683197 AT

**DOCUMENT # F98000002166**

1. Entity Name  
**MIDTOWN LANIER PARKING, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>730 PEACHTREE STREET<br/>         SUITE 1050<br/>         ATLANTA GA 30308</b> | Mailing Address<br><b>730 PEACHTREE STREET<br/>         SUITE 1050<br/>         ATLANTA GA 30308</b> |
|--|--|

**80036004**



DO NOT WRITE IN THIS SPACE.

|                                |         |                     |         |   |  |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>58-2025508</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |
| Zip                            | Country | Zip                 | Country |   |  |  |  |

|   |  |  |  |  |  |  |  |           |  |          |  |
|---|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |  |          |  |
| <b>SHILLE, MICHAEL<br/>         505 E. JACKSON ST.<br/>         SUITE 304<br/>         TAMPA FL 33602</b> |  |  |  | Name   |  |  |  |           |  |          |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |  |          |  |
|   |  |  |  | City   |  |  |  | <b>FL</b> |  | 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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>ROBISON, MICHAEL J</b><br><b>730 PEACHTREE ST STE 1050</b><br><b>ATLANTA GA 30308</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>CFO</b><br><b>Leo F. Politz</b><br><b>730 Peachtree St. Ste 1050</b><br><b>Atlanta, GA 30308</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>WALSH, TIMOTHY J</b><br><b>730 PEACHTREE ST STE., 1050</b><br><b>ATLANTA GA 30308</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>DIGGS, SCOTT</b><br><b>1319 MILITARY CUTOFF SUITE 214</b><br><b>WILMINGTON NC 28405</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>MICHOLIC, JAY</b><br><b>13023 EVEREST AVE.</b><br><b>APPLE VALLEY MN 55124</b>          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>MOUAS, KIM</b><br><b>4535 OLD ACWORTH-DALLAS RD.</b><br><b>ACWORTH GA 30101</b>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>LINDQUIST, KEVIN L</b><br><b>3317 JAMES HARBOR WAY</b><br><b>LAWRENCEVILLE GA 30044</b> | TITLE<br>NAME<br>STREET ADDRESS<br>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** **2/4/02** **(404) 881-6076**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)