

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H41658

1. Entity Name

PARKING AREA MAINTENANCE, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90101 024 ***150.00

Principal Place of Business

Mailing Address

~~5009 N GOOLIDGE AVE.~~
TAMPA FL 33614

PO BOX 24270
TAMPA FL 33623-4270



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6920 Asphalt Ave
Suite, Apt. #, etc.

No Change
Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip 33614

Country Hillsborough

Zip

Country

4. FEI Number

59-2502053

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

GILLIGAN, TERRIE L.
12527 TWIN BRANCH ACRES RD
TAMPA FL 33626

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, 2000 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 PTD ☐ Delete
NAME GILLIGAN, TERRIE L.
STREET ADDRESS 12527 TWIN BRANCH ACRED
CITY-ST-ZIP TAMPA FL

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

TITLE VD ☐ Delete
NAME GILLIGAN, PATRICK J.
STREET ADDRESS 12527 TWIN BRANCH ACRED
CITY-ST-ZIP TAMPA FL

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

TITLE V ☐ Delete
NAME STANISLAUS, TODD M.
STREET ADDRESS 8207 CRENSHAW CR
CITY-ST-ZIP TAMPA FL

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

TITLE S ☐ Delete
NAME STANISLAUS, MARY C.
STREET ADDRESS 8207 CRENSHAW CR
CITY-ST-ZIP TAMPA FL

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

TITLE VP ☐ Delete
NAME FOSTER, KENNETH G
STREET ADDRESS 610 SHORE DRIVE
CITY-ST-ZIP OLDSMAR FL

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

TITLE VP ☐ Delete
NAME LEET, THOMAS R
STREET ADDRESS 9917 COUNTRY CARRIAGE CIR
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☒ Change ☐ Addition
NAME VP Leet, Thomas R
STREET ADDRESS 10401 Harvestime Place
CITY-ST-ZIP Riverview, FL 33569

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:

Mary C. Stanislaus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00 813 880 9400

Date

Daytime Phone #

mstanislaus@EAsphalt.com