

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90311 025 ***158.75

DOCUMENT # H41658

1. Entity Name

PARKING AREA MAINTENANCE, INC.

Principal Place of Business

6920 ASPHALT AVE
TAMPA FL 33614

Mailing Address

PO BOX 24270
TAMPA FL 33623

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2502053

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GILLIGAN, TERRIE L.	
STREET ADDRESS	12527 TWIN BRANCH ACRES	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GILLIGAN, PATRICK J.	
STREET ADDRESS	12527 TWIN BRANCH ACRES	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STANISLAUS, TODD M.	
STREET ADDRESS	8207 CRENSHAW CR	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STANISLAUS, MARY C.	
STREET ADDRESS	8207 CRENSHAW CR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOSTER, KENNETH G	
STREET ADDRESS	610 SHORE DRIVE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEET, THOMAS R	
STREET ADDRESS	9917 COUNTRY CARRIAGE CIR	
CITY-ST-ZIP	RIVERVIEW FL 33569	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6920 Asphalt Ave	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6920 Asphalt Ave	
CITY-ST-ZIP	Tampa FL 33614	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6920 Asphalt Ave	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6920 Asphalt Ave	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6920 Asphalt Ave	
CITY-ST-ZIP	Tampa FL 33614	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10001 Harvest Time 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)