

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H41658

1. Entity Name

Parking Area Maintenance, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6920 Asphalt Ave

3. Mailing Address

PO Box 24270

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33614

Country

USA

Zip

33623

Country

4. FEI Number

59-2502053

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Gilligan, Terrie L.

Street Address (P.O. Box Number is Not Acceptable)

6920 Asphalt Ave

City

Tampa,

FL

Zip Code

33614

**DO NOT WRITE  
IN THIS SPACE**

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 Terrie L Gilligan

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President / Treasurer  
Gilligan, Terrie L  
6920 Asphalt Ave  
Tampa, FL 33614

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
Gilligan, Patrick  
6920 Asphalt Ave  
Tampa, FL 33614

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
Stanislaus, Todd  
6920 Asphalt Ave  
Tampa, FL 33614

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Secretary  
Stanislaus, Mary SC  
6920 Asphalt Ave  
Tampa, FL 33614

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
Leet, Thomas R.  
6920 Asphalt Ave  
Tampa, FL 33614

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

A70 Temp ID

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terrie L Gilligan / President

5/8/02

(813) 880-9400

Date

Daytime Phone #

CR2E034B (12/01)