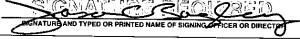
## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am Secretary of State **DOCUMENT #** P01000009603 1. Entity Name PARKING SERVICES OF AMERICA, INC. 04-30-2002 90105 020 \*\*\*150.00 Principal Place of Business Mailing Address 1609 SW 5TH STREET 1609 SW 5TH STREET FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 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 Applied For 65-1084036 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAGLEY, JASON Street Address (P.O. Box Number is Not Acceptable) 1609 SW 5TH STREET FORT LAUDERDALE FL 33312 City 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) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition CR2E034 (9/01) NAME BAGLEY, JASON NAME STREET ADDRESS 1609 SW 5TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME LEROUX, MARCEL NAME STREET ADDRESS 1609 SW 5TH STREET STREET ADDRESS CITY\_ST-ZIP EORT: LAUDERDALE: FL=33312 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

CITY-ST-ZIP

SIGNATURE:



FILED