

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
 01-30-2002 90152 010 ***150.00

01/30/02 AV

DOCUMENT # P01000037378

1. Entity Name
SECURE PARKING SYSTEMS, INC.

Principal Place of Business
**4600 N.W. 3RD AVENUE
 FORT LAUDERDALE FL 33309**

Mailing Address
**4600 N.W. 3RD AVENUE
 FORT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-110-3774**

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

**BOLLMAN, BRUCE P
 4600 N.W. 3RD AVENUE
 FT. LAUDERDALE FL 33309**

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, 2002 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 **D** ☒ Delete
 NAME **MCGLYNN, BRIAN P**
 STREET ADDRESS **4915 N.E. 18TH TERRACE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **P.S.T.** ☒ Change ☒ Addition
 NAME **BRIAN DE COURSEY, G.**
 STREET ADDRESS **4600 NW 3RD AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **D** ☐ Delete
 NAME **BOLLMAN, BRUCE P**
 STREET ADDRESS **4600 N.W. 3RD AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **PRES / SEC / TREAS** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/S/T - PRES / SEC / TREAS** ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DE COURSEY, BRIAN G.** ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **4600 NW 3RD AVE** ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **FORT LAUD, FLA 33309** ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., or on an attachment with an address, with all other like empowered.

Information director lock 12 if

SIGNATURE: **Brian P. Bolman**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 **954-689-3700**
 Date Daytime Phone #

CR2E034 (9/01)