2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/29

FILED
Jun 07, 2004 8:00 am
Secretary of State
04-29-2004 90221 024 ***150.00

DOCUMENT # P01000037378

1. Entity Name
SECURE PARKING SYSTEMS, INC.

Principal Place of Business	Mailing Address
4600 N.W. 3RD AVENUE FORT LAUDERDALE, FL 33309 US	POST OFFICE BOX 201 FORT LAUDERDALE, FL 33302 US

[redacted] 66427097

04263004 Chg-P CR3E034 (10/03)

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
65-1103774
☐ 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 DECOURSEY, BRIAN G Street Address (P.O. Box Number is Not Acceptable) 4600 NW 3rd AVE City Ft. LAUDERDALE FL Zip Code 33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE BRIAN G DeCoursey Date 05/01/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $600.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLLMAN, BRUCE P 4600 N.W. 3RD AVENUE FORT LAUDERDALE, FL 33309	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST DECOURSEY, BRIAN G 4600 NW 3RD AVE FORT LAUDERDALE, FL 33309	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE BL 06-04-04 954-689-3200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #