

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90016 008 ***150.00

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1. Entity Name

PARKING STRUCTURE ENGINEERING, INC.



Principal Place of Business

1111 N. WESTSHORE BLVD.
SUITE 511
TAMPA FL 33607-4713

Mailing Address

1111 N. WESTSHORE BLVD.
SUITE 511
TAMPA FL 33607-4713

54018593



MOORE

CR2E034 (11/03)

2. Principal Place of Business

18860 N. Dale Mabry
Suite, Apt. #, etc. Highway

3. Mailing Address

18860 N. Dale Mabry
Suite, Apt. #, etc. Highway

City & State

Lutz, Florida

City & State

Lutz, Florida

4. FEI Number

65-0625470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCH, DHARMENDRA P
1111 N. WESTSHORE BLVD.
SUITE 511
TAMPA FL 33607-4713

7. Name and Address of New Registered Agent

Name

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

18860 N. Dale Mabry Highway

City

Lutz

FL

Zip Code

33548

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCH, DHARMENDRA P	
STREET ADDRESS	1111 N. WESTSHORE BLVD., SUITE 511	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINNELL, RICHARD	
STREET ADDRESS	1111 N. WESTSHORE BLVD., SUITE 511	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOBIN, MATT	
STREET ADDRESS	1111 N. WESTSHORE BLVD., SUITE 511	
CITY-ST-ZIP	TAMPA FL 33607-4713	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICK, SALLY A	
STREET ADDRESS	21800 W 10 MILE ROAD SUITE 209	
CITY-ST-ZIP	SOUTHFIELD MI 48075	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Last name Rich not Rick
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Sally A Rich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

248-353-5086

Date

Daytime Phone #