

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90051 017 ***150.00

DOCUMENT # P96000093590

1. Entity Name

SUNBELT VALET PARKING, INC.

Principal Place of Business

Mailing Address

~~312 COBLE DRIVE~~
 LONGWOOD FL 32779

~~312 COBLE DRIVE~~
 LONGWOOD FL 32779

044000

2. Principal Place of Business

660 GLADES CIRCLE

3. Mailing Address

660 GLADES CIRCLE

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

#104

City & State

ALTAMONTE SPRINGS

City & State

ALTAMONTE SPRINGS

Zip

Country

U.S.A.

Zip

Country

USA

4. FEI Number -593409224

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ERIC H
 312 COBLE DRIVE
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

NAME
 CAMERON E. LEE
 Street Address (P.O. Box Number is Not Acceptable)
 660 GLADES CIRCLE #104
 City ALTAMONTE SPRINGS, FL Zip Code 32714

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, 2001 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

TITLE	<input type="checkbox"/> Delete
NAME	JOHNSON, ERIC H
STREET ADDRESS	312 COBLE DRIVE
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	<input type="checkbox"/> Delete
NAME	DIRECTOR
STREET ADDRESS	CAMERON E. LEE
CITY-ST-ZIP	660 GLADES CR. #104 ALTAMONTE SPRINGS, FL 32714
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAMERON E. LEE

Date

Daytime Phone #

4/12/01 401-737-7075

CR2E034 (10/00)