FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91795 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00111198

DOCUMENT # P98000017341

1. Entity Name
EXECUTIVE PARKING SERVICES, INC.

Principal Place of Business	Mailing Address
6331 LA COSTA DRIVE #A BOCA RATON, FL 33433	831 SPRING CIRCLE, SUITE 105 DEERFIELD BCH, FL 33441

2. Principal Place of Business	3. Mailing Address
6820 Carolyn Way	6820 Carolyn Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth FL	City & State: Lake Worth FL
Zip: 33463 Country	Zip: 33463 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0816196 — 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
CUSEO, DARREN 6331 LA COSTA DRIVE #A BOCA RATON, FL 33433	Name: Darren Cuseo Street Address (P.O. Box Number is Not Acceptable): 6820 Carolyn Way City: Lake Worth FL Zip Code: 33463

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] Darren Cuseo 4/28/03
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, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	CUSEO, DARREN		NAME	Darren Cuseo	
STREET ADDRESS	831 SPRING CIRCLE, SUITE 105		STREET ADDRESS	6820 Carolyn Way 33463	
CITY-ST-ZIP	DEERFIELD BCH, FL 33441		CITY-ST-ZIP	Lake Worth FL	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] 4/28/03 561-3626133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #