

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055679

1. Entity Name
HEALTHCARE PARKING SYSTEMS OF ORLANDO, INC.

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90241 044 ***150.00

Principal Place of Business
12106 MARBLEHEAD DRIVE
TAMPA FL 33626

Mailing Address
12106 MARBLEHEAD DRIVE
TAMPA FL 33626

2. Principal Place of Business
5105 Memorial Hwy
Suite, Apt. #, etc.

3. Mailing Address
5105 Memorial Hwy
Suite, Apt. #, etc.

City & State
TPA FL

City & State
TPA FL

4. FEI Number 59-3582390

Applied For
Not Applicable

Zip 33634 Country USA

Zip 33634 Country USA

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

MALATIN, MICHAEL D
12106 MARBLEHEAD DRIVE
TAMPA FL 33626

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MALATIN, MICHAEL D	
STREET ADDRESS	12106 MARBLEHEAD DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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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

4/29/01

Date

811-855-8322

Daytime Phone #

CR2E034 (10/00)