

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90203 048 ***150.00

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DOCUMENT # S67550

1. Entity Name
NATIONAL PARKING AND ACCESS, INC.



Principal Place of Business
**3921 SR 84
201
DAVIE FL 33312
US**

Mailing Address
**4611 S UNIVERSITY DRIVE
307
DAVIE FL 33328
US**

10010000



2. Principal Place of Business
**4960 SW 52nd St
Suite, Apt. #, etc. Suite 421**

3. Mailing Address
**4960 SW 52nd St
Suite, Apt. #, etc. Suite 421**

☐ CHECK HERE IF MAKING CHANGES

City & State **DAVIE, FL**
Zip **33314** Country **USA**

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Zip **33314** Country **USA**

4. FEI Number **65-0285162**
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NELSON, JAMES K
3921 SR 84 # 201
DAVIE FL 33312**

7. Name and Address of New Registered Agent

Name **James K. Nelson**
Street Address (P.O. Box Number is Not Acceptable) **920 NE 16th Ave**
City **Ft. Lauderdale** FL Zip Code **33304**

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, 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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	NELSON, JAMES KIRK	
STREET ADDRESS	3921 SR 84 # 201	
CITY-ST-ZIP	DAVIE FL 33312	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRIMBLE, CAROLINE	
STREET ADDRESS	815 W BOYNTON BEACH BLVD. # 8201	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	920 NE 16th Avenue	
STREET ADDRESS	Ft. Lauderdale, FL 33304	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	123 N. Congress Ave, #387	
STREET ADDRESS	Boynton Beach FL 33426	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Caroline Trimble

4/15/03

454-583-6614

CR2E034 (10/02)