FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90669 017 ***150.00

DOCUMENT # S87003

1. Entity Name
Parking Management Systems, Inc.

B0064722

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1515 University Drive	1515 University Drive
Suite, Apt. #, etc. Suite 116	Suite, Apt. #, etc. Suite 116
City & State Coral Springs, Florida	City & State Coral Springs, Florida
Zip 33071 Country Broward	Zip 33071 Country Broward

4. FEI Number 65-0289725 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Daniel S. Bricker
Street Address (P.O. Box Number is Not Acceptable): 1515 University Drive
Suite 116
City: Coral Springs, FL Zip Code: 33071

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: Daniel S. Bricker 4/1/02
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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Director
NAME	Daniel S. Bricker
STREET ADDRESS	1515 University Drive, Ste 116
CITY-ST-ZIP	Coral Springs, FL 33071

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel S. Bricker 4/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #