

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90009 045 \*\*\*150.00

**DOCUMENT # 143078**

1. Entity Name  
**RED TOP SEDAN SERVICE INC**

Principal Place of Business <b>11077 NW 36TH AVE MIAMI FL 33167</b>	Mailing Address <b>ONE RIVERWAY STE 500 HOUSTON TX 77056-1921 US</b>
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**628206**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-0527433</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CERNY, DOUGLAS</b> <b>ONE RIVERWAY, STE 500</b> <b>HOUSTON TX 77056</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRISTNIK, RICHARD</b> <b>ONE RIVERWAY, STE 500</b> <b>HOUSTON TX 77056</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>CERNY, DOUGLAS M</b> <b>ONE RIVERWAY, SUITE 600</b> <b>HOUSTON TX 77056-1903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>TURNER, RAYMOND K</b> <b>ONE RIVERWAY, SUITE 600</b> <b>HOUSTON TX 77056-1903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACS</b> <b>THOMAS, STEPHANIE</b> <b>ONE RIVERWAY, SUITE 500</b> <b>HOUSTON TX 77056-1921</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERCANDANTE, JOHN</b> <b>ONE RIVERWAY, STE 500</b> <b>HOUSTON TX 77056</b>	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP/S</b> <b>Robert E. Longo</b> <b>One Riverway, Ste 500</b> <b>HOUSTON, TEXAS 77056</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Gregory Upham</b> <b>One Riverway, Ste 500</b> <b>HOUSTON, TEXAS 77056</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Linda Burtwistle</b> <b>One Riverway, Ste 500</b> <b>HOUSTON, TEXAS 77056</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/CEO</b> <b>Frank P. Gallagher</b> <b>One Riverway, Ste 500</b> <b>HOUSTON, TEXAS 77056</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACS</b> <b>Michael Sanchez</b> <b>One Riverway, Ste 500</b> <b>HOUSTON, TEXAS 77056</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACS</b> <b>Shayne A. Rosecrans</b> <b>One Riverway, Ste 500</b> <b>HOUSTON, TEXAS 77056</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 empowerments.

**SIGNATURE:** Shayne A. Rosecrans, Asst. Corp. Secretary      3/15/00      713/860-1764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #