

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 166873

1. Entity Name  
AIRCRAFT TAXI CO

Principal Place of Business  
1995 N.E. 142ND ST  
NORTH MIAMI FL 33181-1505

Mailing Address  
ONE RIVERWAY  
STE 500  
HOUSTON TX 77056  
US

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

59-0660167

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALL. FL 32301

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 ACS  
NAME ROSECRANS, SHAYNE A ☐ Delete  
STREET ADDRESS ONE RIVERWAY, STE 500  
CITY-ST-ZIP HOUSTON TX 77056-1903

TITLE DT  
NAME DAVID Young ☐ Change ☒ Addition  
STREET ADDRESS One Riverway, Ste 500  
CITY-ST-ZIP Houston TX 77056

TITLE DCEO  
NAME GALLAGHER, FRANK P ☒ Delete  
STREET ADDRESS ONE RIVERWAY, STE 500  
CITY-ST-ZIP HOUSTON TX 77056-1903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TACS  
NAME REYES, STEPHANIE ☒ Delete  
STREET ADDRESS ONE RIVERWAY STE 500  
CITY-ST-ZIP HOUSTON TX 77056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVS  
NAME LONGO, ROBERT E ☐ Delete  
STREET ADDRESS ONE RIVERWAY, STE 500  
CITY-ST-ZIP HOUSTON TX 77056-1903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BELL, LINDA ☐ Delete  
STREET ADDRESS ONE RIVERWAY, STE 500  
CITY-ST-ZIP HOUSTON TX 77056-1903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE: Shayne A. Rosecrans 01-23-02 (713) 888 0104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

02 FEB -8 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

05/1244 AV

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 419083 7111512

AUTHORIZATION

*Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : February 7, 2002

ORDER TIME : 11:58 AM

ORDER NO. : 419083-195

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans  
Coach Usa  
One Riverway  
Suite 500  
Houston, TX 770561903

ANNUAL REPORT FILING

NAME: AIRCRAFT TAXI CO.

RECEIVED  
02 FEB - 8 PM 1:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: \_\_\_\_\_