

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0571246  
AV

DOCUMENT # 412803

1. Entity Name  
YELLOW CAB OF PENSACOLA, INC

02 FEB -8 PM 4: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1019 W LEONARD ST.  
P.O. BOX 18647  
PENSACOLA FL 32523-5647

Mailing Address  
1 RIVERWAY  
SUITE 500  
HOUSTON TX 77056  
US



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

FEI Number 59-1595726

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  
TALLAHASSEE 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 \_\_\_\_\_ (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 P  
NAME EARLY, BENJAMIN C ☒ Delete  
STREET ADDRESS 1000 W. LEONARD ST.  
CITY-ST-ZIP PENSACOLA FL

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

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

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

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

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

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

TITLE ACS  
NAME ROSECRANS, SHAYNE ☐ Delete  
STREET ADDRESS ONE RIVERWAY STE 500  
CITY-ST-ZIP HOUSTON TX 77056

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

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 Shayne A. Rosecrans 012302 (713)888 0104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 419083 7111512

AUTHORIZATION

COST LIMIT : \$ 150.00

*Patricia Pigato*

ORDER DATE : February 7, 2002

ORDER TIME : 12:0 PM

ORDER NO. : 419083-200

CUSTOMER NO: 7111512

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

ANNUAL REPORT FILING

NAME: YELLOW CAB OF PENSACOLA, INC.

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

TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

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

02 FEB - 8 PM 1:53

RECEIVED