

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10/2

0613402
AV

DOCUMENT # **F84958**

1. Entity Name
CHECKER CAB OF PENSACOLA, INC.



FILED

03 MAR 10 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**1019 WEST LEONARD ST
PENSACOLA FL 32501
US**

Mailing Address
**ONE RIVERWAY
SUITE 500
HOUSTON TX 77056-1921
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2228577**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 32301-2525**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
YOUNG, DAVID
ONE RIVERWAY STE 500
HOUSTON TX 77056** ☐ Delete

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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

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:

Shayne A. Rosecrans **Shayne A. Rosecrans** 03/07/03 713888-0104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



2al2

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 958030 7111512

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizito

ORDER DATE : March 7, 2003

ORDER TIME : 11:12 AM

ORDER NO. : 958030-110

CUSTOMER NO: 7111512

CUSTOMER: Kim Steiger
Coach Usa
Suite 500
One Riverway
Houston, TX 770561903

RECEIVED
03 MAR 10 PM 12:56
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: CHECKER 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: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: _____