

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L10593**

1. Entity Name
TRYKAP TRANSPORTATION MANAGEMENT, INC.

APPROVED
AND
FILED

02 FEB - 8 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**355 W 7TH ST
ORLANDO FL 32824
US**

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

59-2962727

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current 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 _____
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. **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

CR2E034 (9/01)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KAPLAN, JAY M
P O BOX 22748
LAKE BUENA VISTA FL** Delete Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
GALLAGHER, FRANK P
ONE RIVERWAY, SUITE 500
HOUSTON TX 77056** Delete Change Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPS
LONGO, ROBERT E
ONE RIVERWAY, STE. 500
HOUSTON TX 77056** Delete Change Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TACS
REYES, STEPHANIE
ONE RIVERWAY STE 500
HOUSTON TX 77056** Delete 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 01-23-02 (713)888-0104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 419083 7111512

AUTHORIZATION :

COST LIMIT : \$ 150

ORDER DATE : February 7, 2002

ORDER TIME : 11:11 AM

ORDER NO. : 419083-005

CUSTOMER NO: 7111512

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

RECEIVED
02 FEB -8 PM 2:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: TRYKAP TRANSPORTATION
MANAGEMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: _____