

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97041**

1. Entity Name  
**WEST FLORIDA MOBILITY, INC.**

Principal Place of Business

**1000 W. LEONARD ST.  
PENSACOLA FL 32501  
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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

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

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

TITLE **DVCS** ☐ Delete  
NAME **LONGO, ROBERT E**  
STREET ADDRESS **ONE RIVERWAY, SUITE 500**  
CITY-ST-ZIP **HOUSTON TX 77056**

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

TITLE **P** ☐ Delete  
NAME **GENOVESE, FRANK**  
STREET ADDRESS **ONE RIVERWAY, SUITE 500**  
CITY-ST-ZIP **HOUSTON TX 77056**

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

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

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

TITLE **T** ☒ Delete  
NAME **REYES, STEPHANIE**  
STREET ADDRESS **ONE RIVERWAY, SUITE 500**  
CITY-ST-ZIP **HOUSTON TX 77056**

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

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** 01-2302 713-888 0104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED  
AND  
FILED

02 FEB -8 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

FEE Number **59-3026448** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : ~~419083~~ 7111512

AUTHORIZATION : *Patricia Piquero*

COST LIMIT : \$ 150

ORDER DATE : February 7, 2002

ORDER TIME : 11:31 AM

ORDER NO. : 419083-050

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: WEST FLORIDA MOBILITY, 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

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