

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0571154

02 FEB -8 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M26278

1. Entity Name
PALM BEACH TRANSPORTATION, INC.

Principal Place of Business: 1700 FLORIDA MANGO ROAD, WEST PALM BEACH FL 33409, US
Mailing Address: SUITE 500, ONE RIVERWAY, HOUSTON TX 77056, US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2630617** 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**

7. Name and Address of New Registered Agent
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE: D NAME: BELL, LINDA STREET ADDRESS: ONE RIVERWAY, STE. 500 CITY-ST-ZIP: HOUSTON TX 77056-1921	<input type="checkbox"/> Delete	TITLE: Dr NAME: David Young STREET ADDRESS: One Riverway, Ste 500 CITY-ST-ZIP: Houston, TX 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DCEO NAME: GALLAGHER, FRANK P STREET ADDRESS: ONE RIVERWAY, STE. 500 CITY-ST-ZIP: HOUSTON TX 77056-1921	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVCS NAME: LONGO, ROBERT E STREET ADDRESS: ONE RIVERWAY, STE. 500 CITY-ST-ZIP: HOUSTON TX 77056-1921	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: BARR, JAMES STREET ADDRESS: ONE RIVERWAY, STE. 500 CITY-ST-ZIP: HOUSTON TX 77056-1921	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: GENOVESE, FRANK STREET ADDRESS: ONE RIVERWAY, STE. 500 CITY-ST-ZIP: HOUSTON TX 77056-1921	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ACS NAME: ROSECRANS, SHAYNE A STREET ADDRESS: ONE RIVERWAY, SUITE 500 CITY-ST-ZIP: HOUSTON TX 77056	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032
 REFERENCE : 419083 7111512
 AUTHORIZATION : *Patricia Pizoto*
 COST LIMIT : \$ 150

ORDER DATE : February 7, 2002
 ORDER TIME : 11:42 AM
 ORDER NO. : 419083-075
 CUSTOMER NO: 7111512
 CUSTOMER: Ms. Shayne A. Rosecrans
 Coach Usa
 One Riverway
 Suite 500
 Houston, TX 770561903

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

ANNUAL REPORT FILING

NAME: PALM BEACH TRANSPORTATION 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: _____