


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10/2

AV 110010

DOCUMENT # M26278

1. Entity Name
PALM BEACH TRANSPORTATION, INC.



FILED

03 MAR 10 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2630617**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, LINDA	
STREET ADDRESS	ONE RIVERWAY, STE. 500	
CITY-ST-ZIP	HOUSTON TX 77056-1921	
TITLE	DT	<input type="checkbox"/> Delete
NAME	YOUNG, DAVID	
STREET ADDRESS	ONE RIVERWAY, STE. 500	
CITY-ST-ZIP	HOUSTON TX 77056-1921	
TITLE	DVCS	<input type="checkbox"/> Delete
NAME	LONGO, ROBERT E	
STREET ADDRESS	ONE RIVERWAY, STE. 500	
CITY-ST-ZIP	HOUSTON TX 77056-1921	
TITLE	ACS	<input type="checkbox"/> Delete
NAME	ROSECRANS, SHAYNE A	
STREET ADDRESS	ONE RIVERWAY, SUITE 500	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100013729441

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* **030703** **718-888-0104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

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ACCOUNT NO. : 072100000032

REFERENCE : 958030 7111512

AUTHORIZATION : *Patricia P... 00*

COST LIMIT : \$ 150.00

ORDER DATE : March 7, 2003

ORDER TIME : 11:36 AM

ORDER NO. : 958030-150

CUSTOMER NO: 7111512

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

DIVISION OF CORPORATION

03 MAR 10 PM 12:55

RECEIVED

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: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: _____