



# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

UD133349  
AV

<b>DOCUMENT # P94000065326</b>			
1. Entity Name <b>TRANSPORTATION EQUIPMENT OF PENSACOLA, INC.</b>			
Principal Place of Business <b>1000 W LEONARD ST PENSACOLA FL</b>		Mailing Address <b>ONE RIVERWAY SUITE 500 HOUSTON TX 77056</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
03 MAR 10 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FL  


CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3265494</b>				Applied For			
				Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, LINDA</b>	NAME	
STREET ADDRESS	<b>ONE RIVERWAY STE 500</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	CITY-ST-ZIP	
TITLE	<b>DVPS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONGO, ROBERT E</b>	NAME	
STREET ADDRESS	<b>ONE RIVERWAY SUITE 500</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	CITY-ST-ZIP	
TITLE	<b>ACS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSECRANS, SHAYNE A</b>	NAME	
STREET ADDRESS	<b>ONE RIVERWAY SUITE 500</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, DAVID</b>	NAME	
STREET ADDRESS	<b>ONE RIVERWAY SUITE 500</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	<b>TS</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	<b>900013727309</b>
CITY-ST-ZIP		CITY-ST-ZIP	

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** 03/07/03 788-888-0104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

*Dayco*

ACCOUNT NO. : 072100000032  
 REFERENCE : 958030 7111512  
 AUTHORIZATION : *Patricia Pizik*  
 COST LIMIT : \$ 150.00

ORDER DATE : March 7, 2003  
 ORDER TIME : 10:58 AM  
 ORDER NO. : 958030-085  
 CUSTOMER NO: 7111512  
 CUSTOMER: Kim Steiger  
 Coach Usa  
 Suite 500  
 One Riverway  
 Houston, TX 770561903

ANNUAL REPORT FILING

NAME: TRANSPORTATION EQUIPMENT 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:

DIVISION OF CORPORATION

03 MAR 12 08

RECEIVED