2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022462 1. Entity Name TRYKAP AIRPORT SERVICES, INC.							APPROVED AND FILED 02 FEB -8 PM 4: 16					
Principal Place of Business P.O. BOX 22749 LAKE BUENA VISTA FL 32830 US 2. Principal Place of Business			Mailing Address ONE RIVERWAY, STE 500 HOUSTON TX 77056 US 3. Mailing Address				SECRETARY OF STATE FALLAHASSEE, FLORIDA					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Numb		390732		\longrightarrow	Applied For Not Applicabl
Zip Country		Country	Zip C		Country		5. Certificate of Status Desired \$8.75 Additional Required See Required					dditional
	6. Name	and Address of Current Re	egistered Agent				7. Name and	Address	of New R	egistered	Agent	
					Name							
	ation ser 's street	VICE COMPANY			Street A	Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL:32301-					City	<u>,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				FL	Zip Co	de
		or printed name of registered agent and	FILE NOW	!!! FEE	IS \$150.	00	rhen reinstating)	ection Can	ngaign Fin	DATE	* 5	OO May Ba
Fax filing rate (See criter	oration is elig	ible to satisfy its Intangible and elects to do so.	FILE NOW After May 1, 20 Make Check Paya	!!! FEE 002 Fee v	IS \$150. will be \$5	00 550.00	10. Ek	ection Can ust Fund C	ontribution	ancing n. [Add	00 May Be ed to Fees
Tax filing r	requirement aria on back) ACS ROSECRA ONE RIVE	ible to satisfy its Intangible and elects to do so.	FILE NOW After May 1, 20 Make Check Paya	!!! FEE 1002 Fee volume to De 12. TITLE NAME STREE	IS \$150. will be \$5 epartmen	00 550.00 t of State DAU i	ADDITIONS ADDITIONS Prou	UST Fund C	S TO OFFI	ancing n. [Add	ed to Fees
Tax filing r (See criter 1. TLE AME IREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS	ACS ROSECRA ONE RIVE HOUSTON P. KAPLAN, P O BOX	ible to satisfy its Intangible and elects to do so. OFFICERS AND DI ANS, SHAYNE A RWAY, STE 500 N TX 77056-1903	FILE NOW After May 1, 20 Make Check Payal RECTORS	III FEE 1002 Fee v ble to De 12. TITLE NAME STREE NAME STREE	IS \$150. will be \$5 epartmen	00 550.00 t of State DAU i	10. Ele	UST Fund C	S TO OFFI	ancing n. [DIRECTO	ed to Fees RS IN 11 Addition
Tax filing r (See criter 1. TLE AME GREET ADDRESS	ACS ROSECRA ONE RIVE HOUSTON P. KAPLAN, P O BOX LAKE BUIL DVPS LONGO, I ONE RIVE	ible to satisfy its Intangible and elects to do so. OFFICERS AND DI ANS, SHAYNE A RWAY, STE 500 N TX 77056-1903 JAY M 11749	FILE NOW After May 1, 20 Make Check Payal RECTORS Delete	III FEE DO2 Fee v ble to De 12. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE	IS \$150. will be \$5 epartmen Et Address ST-ZIP Et Address ST-ZIP	00 550.00 t of State DAU i	ADDITIONS ADDITIONS Prou	CHANGE	STO OFFI	ancing n. [ICERS ANI	☐ Åddd	ed to Fees RS IN 11 Addition Addition
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SIGNATURE:



ACCOUNT NO. :

072100000032

REFERENCE : 419083

7111512

AUTHORIZATION

ORDER DATE: February 7, 2002

ORDER TIME: 11:43 AM

ORDER NO. : 419083-150

CUSTOMER NO:

7111512

CUSTOMER:

Ms. Shayne A. Rosecrans

Coach Usa One Riverway Suite 500

Houston, TX 770561903

ANNUAL REPORT FILING

NAME:

TRYKAP AIRPORT SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: