

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000022462

1. Entity Name  
TRYKAP AIRPORT SERVICES, INC.



Principal Place of Business  
P.O. BOX 22749  
LAKE BUENA VISTA FL 32830  
US

Mailing Address  
ONE RIVERWAY, STE 500  
HOUSTON TX 77056  
US

FILED  
03 MAR 10 PM 2:44

CLERK OF THE COURT  
TALLAHASSEE, FL 32301



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3390732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ACS  
NAME ROSECRANS, SHAYNE A  
STREET ADDRESS ONE RIVERWAY, STE 500  
CITY-ST-ZIP HOUSTON TX 77056-1903 ☐ Delete

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

TITLE DT  
NAME YOUNG, DAVID  
STREET ADDRESS ONE RIVERWAY STE 500  
CITY-ST-ZIP HOUSTON TX 77056 ☐ Delete

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/07/03

713-888-0104

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

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ACCOUNT NO. : 072100000032

REFERENCE : 958030 7111512

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizub*

ORDER DATE : March 7, 2003

ORDER TIME : 10:46 AM

ORDER NO. : 958030-055

CUSTOMER NO: 7111512

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

ANNUAL REPORT FILING

NAME: TRYKAP AIRPORT SERVICES, 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: \_\_\_\_\_

RECEIVED  
03 MAR 10 PM 12:00  
DIVISION OF CORPORATION