

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000005871**

1. Entity Name

CHR SOLUTIONS, INC.**FILED**
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90060 017 ***550.00

Principal Place of Business

**2711 LBJ FREEWAY, SUITE 560
DALLAS TX 75234-7321**

Mailing Address

**2711 LBJ FREEWAY, SUITE 560
DALLAS TX 75234-7321**

2. Principal Place of Business

3. Mailing Address

CHR Solutions, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 65700

City & State

City & State

Lubbock, TX

4. FEI Number

75-1169463

Applied For

Not Applicable

Zip

Country

Zip

79464

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PCD** ☐ Delete
NAME **OVERMAN, W R**
STREET ADDRESS **4747 SOUTH LOOP 289**
CITY-ST-ZIP **LUBBOCK TX 79424**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4747 S Loop 289**
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **HUTTON, C. ROGER**
STREET ADDRESS **2711 LBJ FREEWAY, SUITE 560**
CITY-ST-ZIP **DALLAS TX 75234-7321**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **CATHEY, CONLEY**
STREET ADDRESS **2711 LBJ FREEWAY, SUITE 560**
CITY-ST-ZIP **DALLAS TX 75234-7321**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☒ Delete
NAME **JONES, DAVID**
STREET ADDRESS **3300 HOLCOMB BRIDGE ROAD, SUITE 286**
CITY-ST-ZIP **NORCROSS GA 30092-3238**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **SEXTON, PAULA**
STREET ADDRESS **4747 SOUTH LOOP 289**
CITY-ST-ZIP **LUBBOCK TX 79424**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **MCVICKER, GAIL**
STREET ADDRESS **4747 SOUTH LOOP 289**
CITY-ST-ZIP **LUBBOCK TX 79424**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Assist. Treasurer

SIGNATURE:

GAIL MCVICKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/00

806-722-7700

Date

Daytime Phone #

CR2E034 (5/00)

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DOG82634
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Attachment Doc#

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