

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003583

1. Entity Name

CONCORDE ACCEPTANCE CORPORATION

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90096 004 ***150.00

Principal Place of Business

7929 BROOKRIVER DR
#500
DALLAS TX 75247
US

Mailing Address

7929 BROOKRIVER DR
#500
DALLAS TX 75247
US

2. Principal Place of Business

Suite, Apt. #, etc.

no changes

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-2712433

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

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.

SIGNATURE n/a - no changes

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BARTEAU, GILBERT J D	
STREET ADDRESS	7929 BROOKRIVER DR #500	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOSIER, EDWIN E	
STREET ADDRESS	7929 BROOKRIVER DR #500	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FALGOUT III, T J	
STREET ADDRESS	4040 N MACARTHUR BLVD #100	
CITY-ST-ZIP	IRVING TX	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SLUSSER, MARK D	
STREET ADDRESS	4040 N MACARTHUR BLVD #100	
CITY-ST-ZIP	IRVING TX	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MCMURPHY, EDWARD R	
STREET ADDRESS	4040 N MACARTHUR BLVD #100	
CITY-ST-ZIP	IRVING TX	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	BLACK, RALPH	
STREET ADDRESS	7929 BROOKRIVER DR., #500	
CITY-ST-ZIP	DALLAS TX 75247	

12. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

[Signature] Vice Chairman

4-20-01

888-916-5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)