## 2002 Uniform Business Report (UBR)

## Mar 26, 2002 8:00 am § Secretary of State DOCUMENT # F97000003583 1. Entity Name CONCORDE ACCEPTANCE CORPORATION 03-26-2002 90090 034 \*\*\*150 00 Principal Place of Business Mailing Address 7929 BROOKRIVER DR 7929 BROOKRIVER DR #500 DALLAS TX 75247 DALLAS TX 75247 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-27 12433 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303 City Zip Code FL 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. n/a SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) **PCEO** Change ☐ Addition NAME BARTEAU, GILBERT J D NAME NO CHANGES STREET ADDRESS 7929 BROOKRIVER DR #500 STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP DALLAS TX 75247 TITLE ☐ Delete TITLE Change ■ Addition NAME HOSIER. EDWIN E NAME STREET ADDRESS STREET ADDRESS 7929 BROOKRIVER DR #500 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75247 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ۷D NAME FALGOUT III, T J NAME STREET ADDRESS STREET ADDRESS 4040 N MACARTHUR BLVD #100 CITY-ST-ZIP CITY-ST-ZIP irving tx TITLE ☐ Delete TITLE **VSTD** ☐ Change ☐ Addition NAME SLUSSER, MARK D NAME STREET ADDRESS STREET ADDRESS 4040 N MACARTHUR BLVD #100 CITY-ST-ZIP CITY-ST-ZIP **IRVING TX** TITLE ☐ Delete TITLE CD ☐ Change Addition NAME NAME MCMURPHY, EDWARD R STREET ADDRESS STREET ADDRESS 4040 N MACARTHUR BLVD #100 CITY-ST-ZIP CITY-ST-ZIP **IRVING TX** ☐ Delete VCD TITLE Change ☐ Addition BLACK, RALPH NAME STREET ADDRESS 7929 BROOKRIVER DR., #500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75247

**FILED** 

President 888 0916 3536302 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Gilbert Barteau

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: