

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004141

1. Entity Name

CAT VI, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90178 004 ***150.00

Principal Place of Business

Mailing Address

8080 NORTH CENTRAL EXPRESSWAY, STE. 650
DALLAS TX 75206

8080 NORTH CENTRAL EXPRESSWAY, STE. 650
DALLAS TX 75206-1817

2. Principal Place of Business

4801 W. Lovers Lane

Suite, Apt., #, etc.

City & State

Dallas, TX

Zip

75209

Country

USA

3. Mailing Address

4801 W. Lovers Lane

Suite, Apt., #, etc.

City & State

Dallas, TX

Zip

75209

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2772712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

6. Name and Address of Current Registered Agent

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

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 \$150.00
After MAY 1, 2000 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 | DTP | <input type="checkbox"/> Delete |
| NAME | BECK, BRADFORD B | |
| STREET ADDRESS | 8080 NORTH CENTRAL EXPRESSWAY, STE. 650 | |
| CITY-ST-ZIP | DALLAS TX 75206 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | AMES, CHARLES D | |
| STREET ADDRESS | 8080 NORTH CENTRAL EXPRESSWAY, STE. 650 | |
| CITY-ST-ZIP | DALLAS TX 75206 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BECK, SALLIE | |
| STREET ADDRESS | 8080 NORTH CENTRAL EXPRESSWAY, STE. 650 | |
| CITY-ST-ZIP | DALLAS TX 75206 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4801 W. Lovers Lane | |
| CITY-ST-ZIP | Dallas, TX 75209 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4801 W. Lovers Lane | |
| CITY-ST-ZIP | Dallas, TX 75209 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4801 W. Lovers Lane | |
| CITY-ST-ZIP | Dallas, TX 75209 | |
| 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 | | |

CR2E034 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bradford B. Beck, President

4-28-00

214-366-3136