

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001140

1. Entity Name  
ECG SERVICE SOLUTIONS, LLC

FILED

01 JUL 24 AM 8:47

Principal Place of Business  
2828 N. HASKELL AVE. FL 10  
DALLAS TX 75204

Mailing Address  
2828 N. HASKELL AVE. FL 10  
DALLAS TX 75204

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3988 N. CENTRAL EXWY

3. Mailing Address  
3988 N. CENTRAL EXWY

Suite, Apt. #, etc.  
5<sup>TH</sup> FLOOR

Suite, Apt. #, etc.  
5<sup>TH</sup> FLOOR

City & State  
DALLAS TX

City & State  
DALLAS TX

4. FEI Number  
75-2882615

Applied For  
Not Applicable

Zip  
75204

Country  
USA

Zip  
75204

Country  
USA

5. Certificate of Status Desired ☒ \$5.00 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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

400004507784--5  
-07/30/01--01120--006  
\*\*\*\*110.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
THOMAS G. CONNOR, JR  
3988 N. CENTRAL EXWY 5<sup>TH</sup> FLOOR  
DALLAS TX 75204

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
DEBORAH D. PIPES  
3988 N. CENTRAL EXWY 5<sup>TH</sup> FLOOR  
DALLAS TX 75204

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/17/01

(214) 584-5413

Date

Daytime Phone #

CR2E083 (11/00)