

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

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02-14-2003 90065 012 ****50.00

DOCUMENT # M02000001771

1. Entity Name
STAT GROUP, LLC



Principal Place of Business
**2591 DALLAS PKWY., STE. 406
FRISCO TX 75026-0049**

Mailing Address
**2591 DALLAS PKWY., STE. 406
FRISCO TX 75026-0049**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1696790**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

61725

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NATION, DAVID L
3030 BURLEW BLVD.
OWENSBORO KY 42303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/CEO Mgr
Paul Nation
2591 Dallas Pkwy, Ste 406
FRISCO TX 75034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Controller Mgr
Ann D. Suter
2591 Dallas Pkwy, Ste 406
FRISCO TX 75034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Legal Counsel/HR Mgr
Dennis Lee Rowe
2591 Dallas Pkwy, Ste 406
FRISCO TX 75034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 SENDER-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/31/03

972-335-3978

Date

Daytime Phone #

CR2E083 (10/02)