## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # F9700003617 1. Entity Name BROWN DESIGN GROUP, INC. 04-27-2000 90023 027 \*\*\*150.00 Mailing Address Principal Place of Business 66 LUCKIE ST STE 800 66 LUCKIE ST STE 800 ATLANTA GA 30303 ATLANTA GA 30303-1907 3. Mailing Address 2. Principal Place of Business P. O. BOX 90906 3099 WASHINGTON ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 58-2389804 EAST POINT, GA EAST Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 30364 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISLAND RD PLANTATION FL 33324 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. TARLEE W. BROWN FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD TITLE C EO ☐ Addition ☐ Delete TITLE TARLEE W. BROWN **BROWN, TARLEE W** NAME NAME STREET ADDRESS 66 LUCKIE ST STE 800 STREET ADDRESS 3099 WASHINGTON ROAD CITY-ST-ZIP EAST POINT, GIA 30344 CITY-ST-ZIP atlanta ga 30303 ☐ Addition MELTON R. BROWN ☐ Delete TITLE TITLE NAME NAME BROWN, SELTON R 3099 WASHINGTON RD. STREET ADDRESS STREET ADDRESS 66 LUCKIE ST STE 800 EAST POINT, GA 30344 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30303 PRESIDENT/COO MChange AUDRA BROWN-LAMPERT ☐ Addition Delete TITLE **BROWN-LAMBERT, AUDRA** NAME NAME BOOS DUKE OF GLOUCESTER EAST POINT, GA 30344 STREET ADDRESS STREET ADDRESS 66 LUCKIE ST STE 800 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30303 SECRETARY / TREASURER Change Addition ☐ Delete TITLE TITLE NAME NAME FELITA L. HOOD STREET ADDRESS STREET ADDRESS 3099 WASHINGTON RO CITY-ST-ZIP CITY-ST-ZIP EAST POINT, GA 30344 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

WILLIAM TARLEE W. BROWN 4-17-00 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Meur.

☐ Delete

☐ Change

☐ Addition