

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90010 032 ***150.00

DOCUMENT # F99000004546

1. Entity Name

BROCK DESIGN GROUP, INC.

Principal Place of Business

Mailing Address

1770 CEDARS ROAD, SUITE 200
 LAWRENCEVILLE GA 30045

1770 CEDARS ROAD, SUITE 200
 LAWRENCEVILLE GA 30045-6702

2. Principal Place of Business

1000 Hurricane Shoals Rd

3. Mailing Address

1000 Hurricane Shoals



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite B900

Suite, Apt. #, etc.

Suite B900

City & State

Lawrenceville, Ga

City & State

Lawrenceville, Ga.

4. FEI Number

58-2103207

Applied For

Not Applicable

Zip

30043

Country

USA

Zip

30043

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P BROCK, MARK S**
 STREET ADDRESS **1770 CEDARS ROAD, SUITE 200**
 CITY-ST-ZIP **LAWRENCEVILLE GA 30045**

TITLE Change Delete
 NAME **P Mark S Brock**
 STREET ADDRESS **1000 Hurricane Shoals Rd, B900**
 CITY-ST-ZIP **Lawrenceville, Ga. 30043**

TITLE Delete
 NAME **V SLACK, ROBERT C**
 STREET ADDRESS **5070 PEACHTREE IND. BLVD.**
 CITY-ST-ZIP **CHAMBLEE GA 30341**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S BROCK, DOUGLAS M**
 STREET ADDRESS **385 PADEMAR TRAIL**
 CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Delete
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

Mark S Brock
MARK S BROCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

770-962-4125

Date

Daytime Phone #