## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 23, 2000 8:00 am Secretary of State **DOCUMENT # M28402** 1. Entity Name BROOK DEVELOPMENT COMPANY 03-23-2000 90033 023 \*\*\*150.00 Mailing Address Principal Place of Business COAL EXCHANGE BLDG 401 11TH STREET SUITE 506 401-11TH ST., STE 506 **HUNTINGTON WV 25701 HUNTINGTON WV 25701-2226** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATKINS, RANDALL W. Street Address (P.O. Box Number is Not Acceptable) BRADLEY PLACE # ZO4 -A 1128 COUNTRY CLUB DR NO PALM BCH FL 33408 Zip Code **33-18-**0 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE D TITLE Change ☐ Addition ☐ Delete ATKINS, ORIN E. NAME NAME 3701 TURTE CLESK BLUD STREET ADDRESS STREET ADDRESS 4825 S. VERSAILLES CITY-ST-ZIP CITY-ST-ZIP DALLAS TX DALLAS, TEXAS 75219 Change Addition ☐ Delete TITLE TITLE ATKINS, RANDALL W. NAME NAME STREET ADDRESS STREET ADDRESS **425 WHITAKER BLVD** CITY-ST-ZIP CITY-ST-ZIP **HUNTINGTON WV 25701** ☐ Change Addition TITLE Delete ATKINS, BARBARA M. NAME STREET ADDRESS STREET ADDRESS 425 WHITAKER BLVD. CITY-ST-ZIP CITY-ST-ZIP **HUNTINGTON WV** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete 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.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: