

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90027 028 \*\*\*150.00

**DOCUMENT # P23877**

1. Entity Name  
**ROCKDALE INVESTMENT COMPANY**

Principal Place of Business <b>% J.T. MORGAN.          6161 TURNER LAKE RD          COVINGTON GA 30014          US</b>	Mailing Address <b>6161 TURNER LAKE RD          COVINGTON GA 30014          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number <b>58-1443465</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**KNAPP, LORI  
 4688 55TH ST, S  
 LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent  
 Name **STEPHANIE LANGSTON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**864 GARDENIA DRIVE**  
 City **ROYAL PALM BEACH** **FL** Zip Code **33411**

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 *Stephanie Langston* DATE 04/02/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MEYER, KLAUS ROEBBEK #15 22587 HAMBURG GE</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT MORGAN, J.T. 6161 TURNER LAKE RD COVINGTON GA 30014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ALEXANDER, JAMES B. 1116 CLARK ST. NW COVINGTON GA 30014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>22607 HAMBURG GE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephanie Langston* **STEPHANIE LANGSTON** DATE 04/02/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)