2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 755711

Entity Name: ESCAMBIA RIVER MUZZLE LOADERS, INC.

FILED May 06, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 333 CANTONMENT, FL 32533 US **Current Mailing Address: New Mailing Address:** P.O. BOX 333 CANTONMENT, FL 32533 US FEI Number: 59-2067266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BYER, GENE 9107 UNTREINER AVE US PENSACOLA, FL 32534 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ASBURY, HARRY Name: Name: 2423 W BAYSHORE RD Address: Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: WADE, SHELDON Name: Address: 4427 DEAUVILLE WAY Address: City-St-Zip: PENSACOLA, FL 325505 City-St-Zip: Title: () Delete Title: () Change () Addition LITTLEFIELD, ROBERT Name: Name: 356 BUNKER HILL DRIVE Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: JERNIGAN, JACK Name: HOUGE, THRESA 6400 CHICAGO AV 8800 REDWING DR Address: Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32534 Title: () Delete Title: () Change () Addition ASBURY, KATHERINE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT LITTLEFIELD TD 05/06/2002

2423 W BAYSHORE RD

GULF BREEZE, FL 32561

Address:

City-St-Zip: