

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90093 018 ***550.00

U13/089 AB

DOCUMENT # 829335
 1. Entity Name
A. SMITH BOWMAN DISTILLERY, INCORPORATED

Principal Place of Business Mailing Address
ONE BOWMAN DR. ONE BOWMAN DR.
FREDERICKSBURG VA 22408-7318 FREDERICKSBURG VA 22408-7318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **54-0715022**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHARLES ROSENBERG/GINGER SPIRITS
10800 BISCAYNE BOULEVARD
SUITE 410
MIAMI FL 33161

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00 -
After September 13, 2002 Fee will be \$750.00
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 NAME | D BOWMAN, MARY L | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1260 CREST LANE | |
| CITY-ST-ZIP | MCLEAN VA 22101 | |
| TITLE NAME | PD ADAMS, JOHN B JR | <input type="checkbox"/> Delete |
| STREET ADDRESS | CHIMNEYS | |
| CITY-ST-ZIP | THE PLAINS VA 22171 | |
| TITLE NAME | EVP BROWN, TIM S. | <input type="checkbox"/> Delete |
| STREET ADDRESS | 115 BROADUS AVE. | |
| CITY-ST-ZIP | BOWLING GREEN VA 22427 | |
| TITLE NAME | CD LEE, ROBERT E IV | <input type="checkbox"/> Delete |
| STREET ADDRESS | 4418 CHALFONT PL | |
| CITY-ST-ZIP | BETHESDA MD 20816 | |
| TITLE NAME | D BOWMAN, HELEN P. | <input type="checkbox"/> Delete |
| STREET ADDRESS | VANTAGE POINT | |
| CITY-ST-ZIP | THE PLAINS VA 22171 | |
| TITLE NAME | D BURTON, KATHERINE B | <input type="checkbox"/> Delete |
| STREET ADDRESS | 5105 BALTIMORE AVENUE | |
| CITY-ST-ZIP | BETHESDA MD 20816 | |

| | | |
|----------------|--|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 appointed 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 powers.

SIGNATURE: *TIM S. BROWN, Exec. VP* Date: 9/12/02 Daytime Phone #: 540-373-4855

CR2E034 (4/02)