

05-05-2003 90105 014 ***150.00

Apr-24-03 01:23P

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **829335**

1. Entity Name
A. SMITH BOWMAN DISTILLERY, INCORPORATED



Principal Place of Business
**ONE BOWMAN DR.
 FREDERICKSBURG VA 22405-7311**

Mailing Address
**ONE BOWMAN DR.
 FREDERICKSBURG VA 22405-7311**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **54-0715022**

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

Applied for
 Not Applicable

6. Name and Address of Current Registered Agent
**CHARLES ROSENBERG/CHIEF SPIRITS
 16800 BISCAYNE BOULEVARD
 SUITE 410
 MIAMI FL 33181**

7. Name and Address of New Registered Agent
 Name **Florida State Incorporation Services**
 Street Address (P.O. Box Number is Not Acceptable)
2699 Pluto Terrace
 City **Lake Park FL 33403**

8. I, the undersigned hereby declare the statements for the purpose of changing an registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tim S. Brown* on behalf of **Florida State Incorporation Services, Inc.** 04-24-03

9. Election Campaign Financing
 Trust Fund Contribution \$5.00 May Be Added to Fees

14. OFFICERS AND DIRECTORS		15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
OFFICER	<input checked="" type="checkbox"/> Delete	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, MARY L	NAME	
STREET ADDRESS	1280 CREST LANE	STREET ADDRESS	
CITY-STATE-ZIP	AIRLEAN VA 22101	CITY-STATE-ZIP	
OFFICER	<input type="checkbox"/> Delete	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JOHN B JR	NAME	
STREET ADDRESS	CHAMNEYS	STREET ADDRESS	
CITY-STATE-ZIP	THE PLAINS VA 22171	CITY-STATE-ZIP	
OFFICER	<input type="checkbox"/> Delete	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TIM S.	NAME	
STREET ADDRESS	1115 BROADUS AVE.	STREET ADDRESS	
CITY-STATE-ZIP	BOWLING GREEN VA 22427	CITY-STATE-ZIP	
OFFICER	<input type="checkbox"/> Delete	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ROBERT E IV	NAME	
STREET ADDRESS	4418 CHALFONT PL	STREET ADDRESS	
CITY-STATE-ZIP	BETHESDA MD 20816	CITY-STATE-ZIP	
OFFICER	<input type="checkbox"/> Delete	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, HELEN P.	NAME	
STREET ADDRESS	VANTAGE POINT	STREET ADDRESS	
CITY-STATE-ZIP	THE PLAINS VA 22171	CITY-STATE-ZIP	
OFFICER	<input type="checkbox"/> Delete	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, KATHERINE B	NAME	
STREET ADDRESS	5105 BALTIMORE AVENUE	STREET ADDRESS	
CITY-STATE-ZIP	BETHESDA MD 20816	CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing (that is, the filing fee) is true and correct and that my signature shall have the same legal effect as if made under oath. I am not a director or officer of the corporation at the time of filing and I am not a registered agent of the corporation as provided by Chapter 607, Florida Statutes, and therefore my name appears in Item 14 of this filing.

SIGNATURE: *Tim S. Brown* **TIM S. BROWN** 4/30/03 (540) 373-4555