

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90388 007 ***150.00

0622903 AT

DOCUMENT # 846652

1. Entity Name

ESCAMBIA COUNTY BANK, INCORPORATED

Principal Place of Business

**P.O. BOX 601
 RINGOLD AT PALAFOX
 FLOMATON AL 36441**

Mailing Address

**P.O. BOX 601
 RINGOLD AT PALAFOX
 FLOMATON AL 36441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0068160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STUCKEY, R.J. JR.
 750 BRIGGS BLVD.
 CENTURY FL 32535**

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.

SIGNATURE

[Signature]

R J Stuckey, JR

03/14/2002

Signature typed or printed name of registered agent and title if applicable.

(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 \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PC
 JONES, JAMES R.
 89 RED MAPLE DR, BOX 594
 FLOMATON AL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**DV
 SCOTT, NETTIE
 203 STATELINE ROAD
 FLOMATON AL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**V
 MCCUTCHIN, CHARLES J
 3859 OLD ATMORE ROAD
 FLOMATON AL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**DV
 DEWITT, WALTER A.
 222 RED MAPLE DR
 FLOMATON AL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**V
 JOHNSON, REBECCA C
 609 PINEVIEW CEMETERY ROAD
 BREWTON AL 36426**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**DVS
 McCutchin, Charles J
 3859 Old Atmore Road
 Flomaton, AL.**

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (9/01)

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/2002 (251) 296-5356

Date

Daytime Phone #