

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90110 013 \*\*\*150.00

DOCUMENT # P01000120964

1. Entity Name  
ESCAMBIA BAY HOMEBREWERS, INC.



Principal Place of Business  
1727 EAGLE DR  
CANTONMENT FL 32533

Mailing Address  
1727 EAGLE DR  
CANTONMENT FL 32533



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. *NO change*

Suite, Apt. #, etc. *NO change*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 32-0002495

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, JIM  
1727 EAGLE DR  
CANTONMENT FL 32533

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME MARTIN, JIM  
STREET ADDRESS 1727 EAGLE ST  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME HAL EASTER  
STREET ADDRESS 250 MUNRO ROAD  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE V ☐ Delete  
NAME MONTE, JESSE  
STREET ADDRESS 1020 EAST DE SOTO DR  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME DALE COLEMAN  
STREET ADDRESS 6470 EAST BAY BLVD  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE V ☐ Delete  
NAME TAYLOR, AARON  
STREET ADDRESS 1020 E DE SOTA ST  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE SECRETARY ☒ Change ☐ Addition  
NAME ALAN RHODEY  
STREET ADDRESS P.O. BOX 1003  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE S ☐ Delete  
NAME MAORAIN, DARYN  
STREET ADDRESS 1001 BELAIR ROAD  
CITY-ST-ZIP PENSACOLA FL

TITLE TREASURER ☒ Change ☐ Addition  
NAME JIM MARTIN  
STREET ADDRESS 1727 EAGLE ST  
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE T ☐ Delete  
NAME TELLIER, TIM  
STREET ADDRESS 1800 COPLEY DRIVE  
CITY-ST-ZIP PENSACOLA FL 32503

TITLE INFORMATION OFFICER ☒ Change ☐ Addition  
NAME DARYN MORAIN  
STREET ADDRESS 4402 HARVEY WAY  
CITY-ST-ZIP Pensacola, FL

TITLE D ☐ Delete  
NAME COLEMAN, DALE  
STREET ADDRESS 6470 EAST BAY BOULEVARD  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

850 478 8324

Daytime Phone #

CR2E034 (10/02)