

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90549 007 ***150.00

DOCUMENT # P19670

1. Entity Name
WHITE ROCK DISTILLERIES, INC.



Principal Place of Business
**21 SARATOGA STREET
P. O. BOX 1829
LEWISTON ME 04240
US**

Mailing Address
**P.O. BOX 1829
P. O. BOX 1829
LEWISTON ME 04241-1829
US**



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 **01-0231409**

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

**COULOMBE, PAUL G
3241 MONTARA DR
BONITA SPRINGS FL 33923**

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 **D** ☐ Delete
NAME **COULOMBE, CECILE J.**
STREET ADDRESS **50 CHARLES STREET**
CITY-ST-ZIP **LEWISTON ME**

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

TITLE **DP** ☐ Delete
NAME **COULOMBE, DENNIS N.**
STREET ADDRESS **35 WOODLANDS DR**
CITY-ST-ZIP **FALMOUTH ME**

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

TITLE **DVP** ☐ Delete
NAME **BISHOP, JANET M.**
STREET ADDRESS **27 CANDLEBERRY DR.**
CITY-ST-ZIP **AUBURN ME**

TITLE **D/VP/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **COULOMBE, ROLAND**
STREET ADDRESS **24 MAPLEWOOD RD.**
CITY-ST-ZIP **LEWISTON ME**

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

TITLE **DVP** ☐ Delete
NAME **COULOMBE, PAUL G.**
STREET ADDRESS **51 REEF RD.**
CITY-ST-ZIP **CAPE ELIZABETH ME**

TITLE **D/C** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GEIGER, EUGENE**
STREET ADDRESS **21 BUTTERCUP CIR**
CITY-ST-ZIP **AUBURN ME**

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)(f), 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:

Janet M. Bishop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03
Date

207-783-1433
Daytime Phone #

CR2E034 (10/02)

Attachment #

White Rock Distilleries, Inc. (continuation)

Additions:

Andrew Barowsky
65 Garden Circle
Auburn, ME

D

20030594

Add

P19670

William Johnson
Fairway Drive
Auburn, ME

D

Add