I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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	
above, or on an attachment with all other like empowered.	

SIGNATURE: ANDREW STORCH

I

Electronic Signature of Signing Officer/Director Detail

## **Current Principal Place of Business:** 6606 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33309

Entity Name: ALPINE MOTORS, INC.

**Current Mailing Address:** 

DOCUMENT# 434673

6606 NORTH ANDREWS AVE. FORT LAUDERDALE. FL 33309

# FEI Number: 59-1492081

## Name and Address of Current Registered Agent:

ULBRICH, JOHN 6606 NORTH ANDREWS AVE. FT. LAUDERDALE, FL 33309 US

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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	PD	Title	ST
Name	ULBRICH, JOHN O	Name	STORCH, ANDREW H
Address	1645 S. OCEAN LANE	Address	6606 N. ANDREWS AVE.
City-State-Zip:	FT. LAUDERDALE FL	City-State-Zip:	FORT LAUDERDALE FL 33309

Certificate of Status Desired: Yes

Secretary of State CC8595497857

FILED Jan 11, 2015

01/11/2015

Date

# 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

SECRETARY

Date