

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90130 050 ***150.00

DOCUMENT # 309642

1. Entity Name
ALPINE ENGINEERED PRODUCTS, INC.

Principal Place of Business
1200 PARK CENTRAL BLVD. SO.
POMPANO BEACH FL 33064
US

Mailing Address
1200 PARK CENTRAL BLVD. SO.
POMPANO BEACH FL 33064
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 **59-1150310**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, THOMAS J
1200 PARK CENTRAL BLVD. SO.
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

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, 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	BORCHERDS, BRIAN V	
STREET ADDRESS	1200 PARK CENTRAL BLVD. SO.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CRONJE, CHRIS A	
STREET ADDRESS	1200 PARK CENTRAL BLVD. SOUTH	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VSdT	<input type="checkbox"/> Delete
NAME	WATSON, THOMAS J	
STREET ADDRESS	1200 PARK CENTRAL BLVD. SO.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOOVER, CHARLES C	
STREET ADDRESS	1950 MARLEY DR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BICKEL, KARL L	
STREET ADDRESS	13389 LAKEFRONT DRIVE	
CITY-ST-ZIP	EARTH CITY MO	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRAKEMAN, DAVID B	
STREET ADDRESS	13389 LAKEFRONT DR	
CITY-ST-ZIP	EARTH CITY MO 63045	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred Ashworth	
STREET ADDRESS	#3 Priory Gardens, Porters Lane	
CITY-ST-ZIP	Breadsall, Derby England DE21 4TG	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William W. Cooper	
STREET ADDRESS	16 Jan Smuts Avenue	
CITY-ST-ZIP	Parktown 2041, South Africa	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin Foster	
STREET ADDRESS	16 Jan Smuts Avenue	
CITY-ST-ZIP	Parktown 2041, South Africa	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles L. Olsen	
STREET ADDRESS	7448 Capstone Drive	
CITY-ST-ZIP	Raleigh, NC 27615	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny L. Rupe	
STREET ADDRESS	2820 N. Great Southwest Parkway	
CITY-ST-ZIP	Grand Prairie, TX 75050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Thomas J. Watson* **REQUIRED** Thomas J. Watson 4/10/02 954-781-3333
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)