FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90263 040 ***150.00

DOCUMENT # F93874

1. Entity Name

Alpine Ice, Inc.

DO NOT WRITE IN THIS SPACE

94076161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8710 East Broadway		P.O. Box 130068	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33619	Country: USA	Zip: 33681-0068	Country: USA

4. FEI Number: 59-2275627 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Tawney, John J.
Street Address (P.O. Box Number is Not Acceptable): 8710 East Broadway
City: Tampa FL Zip Code: 33619

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] John J. Tawney \ President 4/20/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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.	
TITLE	President \ Secretary \ Director	TITLE	
NAME	Tawney, John J.	NAME	
STREET ADDRESS	2817 Old Bayshore Way	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33611	CITY-ST-ZIP	
TITLE	Vice President \ Treasurer \ Director	TITLE	
NAME	Tawney, Jane J.	NAME	
STREET ADDRESS	2817 Old Bayshore Way	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33611	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] John J. Tawney \ President 4/20/2004 (813) 630-0418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #