

**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.

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94076161

2. Principal Place of Business 8710 East Broadway		3. Mailing Address 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

DO NOT WRITE IN THIS SPACE

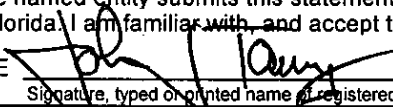
4. FEI Number 59-2275627		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

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

10. OFFICERS AND DIRECTORS

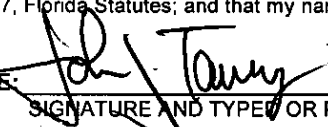
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President \ Secretary \ Director Tawney, John J. 2817 Old Bayshore Way Tampa, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President \ Treasurer \ Director Tawney, Jane J. 2817 Old Bayshore Way Tampa, FL 33611
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12. 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  **John J. Tawney \ President** **4/20/2004** **(813) 630-0418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #