2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 27, 2000 8:00 am DOCUMENT # F98000001023 Secretary of State 1. Entity Name ALPSHORE, INC. 03-27-2000 90099 001 ***150.00 Principal Place of Business Mailing Address 1858 RINGLING BLVD. 1858 RINGLING BLVD. SARASOTA FL 34236 SARASOTA FL 34236-5917 2. Principal Place of Business 3. Mailing Address 2100 S. TAMIAMI TRAIL 2100 S. TAMIAMI TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #200 #200 City & State City & State Applied For 4. FEI Number 52-2071903 SARASOTA SALASOTA Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 34439 34139 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHOAF, MARGARET Street Address (P.O. Box Number is Not Acceptable) 1858 RINGLING BLVD. 2100 S. TAMIAMI TRAIL , SUITE LOO SARASOTA FL 34236 SARASOTA 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change Addition AFFOLTER, HEINZ NAME NAME STREET ADDRESS NIDELBADSTR. 22A, 8803 RUESCHLKIKON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SWITZERLAND** ☐ Addition TITLE ☐ Delete TITLE ☐ Change AFFOLTER, MARGOT NAME NAME NIDELBADSTR. 22A, 8803 RUESCHLKIKON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **SWITZERLAND** CITY-ST-ZIP A Change Addition TITLE ☐ Delete TITLE SHOAF, MARGARET NAME NAME 2100 S. TAMIAM TRAIL, SUITE # 200 STREET ADDRESS 1858 RINGLING BLVD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZiP

SIGNATURE

TITLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP
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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

03-13-00

941-366-9100

☐ Change

Change

Addition

Addition

Daytime Phone #