

2001 UNIFORM BUSINESS REPORT (UBR)

0030924 AB

DOCUMENT # M00000000744

1. Entity Name
ALPINE GEOPHYSICS, LLC

Principal Place of Business
908 MAIN ST., STE 210
LOUISVILLE CO 80027

Mailing Address
PO BOX 18925
BOULDER CO 80308

APPROVED
AND
FILED

01 FEB -5 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7341 Poppy Way
Suite, Apt. #, etc.

3. Mailing Address
7341 Poppy Way
Suite, Apt. #, etc.

City & State
Anvada CO
Zip 80004 Country USA

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Anvada CO
Zip 80004 Country USA

4. FEI Number 84-1316026
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TESCHE, CAROLINE J
1902 S. MACDILL AVENUE
TAMPA FL 33629

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Partner	Dennis McNally	7341 Poppy Way	Anvada CO 80004	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Partner	Cyndi Loomis	7341 Poppy Way	Anvada CO 80004	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Partner	Tom Tesche	7341 Poppy Way	Anvada CO 80004	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Partner	James Wilkinson	7341 Poppy Way	Anvada CO 80004	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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02/13/01-01105-021
*****50.00 *****50.00

TB

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Cyndi Loomis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/29/01
Date

303-421-2211
Daytime Phone #

CR2E083 (11/00)