

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000002577

FILED  
Sep 25, 2002  
Secretary of State

Entity Name: AA ALPINE STORAGE-LAKE WORTH, LLC

## Current Principal Place of Business:

900 BARNETT DRIVE  
LAKE WORTH, FL 33461

## New Principal Place of Business:

## Current Mailing Address:

900 BARNETT DRIVE  
LAKE WORTH, FL 33461

## New Mailing Address:

FEI Number: 87-0671449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRAZIER, ROMAN  
860 WEST INDUSTRIAL AVE  
BOYNTON BEACH, FL 33426 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: FRAZIER, BOYDEAN B  
Address: 74 E. 500 S.  
City-St-Zip: AMERICAN FORK, UT 84003

Title: MGRM ( ) Delete  
Name: FRAZIER, AARON B  
Address: 74 E. 500 S.  
City-St-Zip: AMERICAN FORK, UT 84003

Title: MGRM ( ) Delete  
Name: FRAZIER, ROMAN M  
Address: 74 E. 500 S.  
City-St-Zip: AMERICAN FORK, UT 84003

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROMAN FRAZIER

MGRM

09/25/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date