

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034556

1. Entity Name  
ALPINE QUICK, INC.

Principal Place of Business Mailing Address  
2720 E. BUSCH BLVD. 2720 E. BUSCH BLVD.  
TAMPA FL 33612 TAMPA FL 33612

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3646712 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEW, W. CROSBY  
109 N. BRUSH ST., STE. 202  
TAMPA FL 33602

Name GUAREZ, GUILLERMO  
Street Address (P.O. Box Number is Not Acceptable) 2125 W. GREEN ST.  
City TAMPA, FL FL Zip Code 33607

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

4/18/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
NAME SUAREZ, GUILLERMO  
STREET ADDRESS 27116 FOANFLOWER BLVD  
CITY-ST-ZIP TAMPA FL 33544

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  Delete  
NAME JUAREZ, MARCO A  
STREET ADDRESS 1801 W LOUISIANA AVE  
CITY-ST-ZIP TAMPA FL 33303

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  Delete  
NAME JUAREZ, AMENDA I  
STREET ADDRESS 27116 FOANFLOWER BLVD  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARCO A. SUAREZ 3/12/02 (813) 257-4011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/01)