

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90452 040 \*\*\*150.00

**DOCUMENT # P01000037469**

1. Entity Name

**ALPINE STAFFING AGENCY INC.**

Principal Place of Business

Mailing Address

~~254 G. MILITARY TRAIL~~  
~~DEERFIELD BEACH FL 33434~~

~~254 G. MILITARY TRAIL~~  
~~DEERFIELD BEACH FL 33434~~

2. Principal Place of Business

**1900 NW COPP. BLVD.**

3. Mailing Address

**c/o ROBERT A. KLEIN**

Suite, Apt. #, etc.

**400 E**

Suite, Apt. #, etc.

**PO BOX 153**

City & State

**BOCA RATON, FL**

City & State

**EAST MEADOW, NY**

Zip

**33431**

Country

Zip

**11554**

Country

4. FEI Number

**65-1094519**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWLAND, BRUCE**

~~641 LAVERS CIRCLE # 208~~

~~DELRAY BEACH FL 33444~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**570 ANCHOR POINT**

City

**DELRAY BEACH**

**FL**

Zip Code

**33444**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Bruce Rowland**

**4/09/02**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ROWLAND, BRUCE <del>641 LAVERS CIRCLE # 208</del> <del>DELRAY BEACH FL 33444</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
570 ANCHOR POINT DELRAY BEACH FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**BRUCE ROWLAND**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/09/02 (561) 901-4233**

CR2E034 (9/01)