

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064642

1. Entity Name

ALPINE SATELLITE SYSTEMS INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90128 032 ***150.00

Principal Place of Business

2090 S. NOVA RD. #B 206
SOUTH DAYTONA FL 32119
US

Mailing Address

2090 S. NOVA RD. #B-206
SOUTH DAYTONA FL 32119-8800
US

2. Principal Place of Business

2250 S. NOVA RD.

3. Mailing Address

2250 S. NOVA RD.

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

SOUTH DAYTONA, FL

City & State

SOUTH DAYTONA, FL

Zip

32119

Country

Volusia

Zip

32119

Country

Volusia

4. FEI Number

59-3459743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOPANEN, DAVID W
2090 S. NOVA RD. #B206
SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name

DAVID W. NOPANEN

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

2250 S. NOVA RD.

City

SOUTH DAYTONA

FL

Zip Code

32119

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

04-14-00

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, 2000 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

TITLE	PS	<input type="checkbox"/> Delete
NAME	NOPANEN, DAVID W	
STREET ADDRESS	2948 FOXCROFT LN	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, JIMMY	
STREET ADDRESS	2959 FOXCROFT LN	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-00 (904) 304-2590

Date

Daytime Phone #

CR2E034 (9/99)