

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

DOCUMENT # P98000097451

1. Entity Name

ALPINE WOOD FLOORS, INC.

05-08-2002 90150 021 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1395 EAST OAKLAND PARK BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PARK, FL

City & State

4. FFL Number

65 0881482

Applied For

Not Applicable

Zip

33308

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HUSSMAN GUNTHER, HAROLD

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

1395 EAST OAKLAND PARK BLVD

City

OAKLAND PARK, FLORIDA

FL

Zip Code
33308

**DO NOT WRITE
IN THIS SPACE**

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

(NULL: 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$100.00

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
HUSSMAN GUNTHER, HAROLD
1395 EAST OAKLAND PARK BLVD
OAKLAND PARK FL 33308

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold Hussman Gunther
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD HUSSMAN GUNTHER
PRESIDENT

04/15/02 (954) 565-5907

DATE

Daytime Phone #

CR2E034B (12/01)