

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90078 043 \*\*\*150.00

**DOCUMENT # V28971**

1. Entity Name  
**ALPINE POOLS & SPAS, INC.**



Principal Place of Business  
**1101 N PAUL DR  
INVERNESS FL 34453  
US**

Mailing Address  
**P O BOX 176  
HERNANDO FL 34442  
US**

**90000308**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3116943**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PIPPIN, ROBERT  
6635 W TURNER CAMP RD  
INVERNESS FL 34453**

Name **RAY EKKER**

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

**1227 LOWELL TER**

City **INVERNESS**

FL

Zip Code **34452**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

**RAY EKKER, V.P.**

**1/9/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **PIPPIN, ROBERT**  
STREET ADDRESS **6635 TURNER CAMP RD**  
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **P** ☒ Change ☐ Addition  
NAME **ROBERT PIPPIN**  
STREET ADDRESS **1414 N. LAKESHORE DRIVE**  
CITY-ST-ZIP **LUDINGTON, MI 49431**

TITLE **VP** ☐ Delete  
NAME **EKKER, RAY**  
STREET ADDRESS **1227 LOWELL TER**  
CITY-ST-ZIP **INVERNESS FL 34452**

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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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

**RAY EKKER, V.P.**

**1/9/03**

**352-860-1235**

Date

Daytime Phone #

CR2E034 (10/02)