

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90068 047 ***158.75

0073269

DOCUMENT # V41758

1. Entity Name

ALPINE MOUNTAIN DISTRIBUTORS INC.

Principal Place of Business

**1408 NEWBRIDGE LANE
 ORLANDO FL 32825
 US**

Mailing Address

**1408 NEWBRIDGE LANE
 ORLANDO FL 32825
 US**

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 **59-3132705**

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

**INGRAHAM, TERRY K
 1408 NEWBRIDGE LANE
 ORLANDO FL 32825**

Name

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

City

FL

Zip Code

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

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, 2001 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	<input type="checkbox"/> Delete
NAME	INGRAHAM, TERRY K	
STREET ADDRESS	1408 NEWBRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	CCEO	<input type="checkbox"/> Delete
NAME	INGRAHAM, TERRY K	
STREET ADDRESS	1408 NEWBRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	INGRAHAM, MONIKA	
STREET ADDRESS	1408 NEWBRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	INGRAHAM, MONIKA	
STREET ADDRESS	1408 NEWBRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Monika Ingraham* **MONIKA INGRAHAM** **4/4/01** **273-8140**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)