## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003463

Entity Name: ALPINE TESTING SOLUTIONS, INC.

**Current Principal Place of Business:** 

1433 SETTLEMENT DRIVE PARK CITY. UT 84098

**Current Mailing Address:** 

51 W. CENTER #514 OREM, UT 84057

FEI Number: 87-0497892 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, WILLOW 137 PELICAN WAY 2315 OAKWOOD STREET PANAMA CITY BEACH, FL 32408 US

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: WILLOW RODRIGUEZ 01/25/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CEO Title SECRETARY

Name ADAMS, BRIAN Name MEAD, KATE

Address 1433 SETTLEMENT DRIVE Address 2 LAKESHORE DR.

City-State-Zip: PARK CITY UT 84098 City-State-Zip: COLUMBUS NE 68601

Title OTHER Title VC

Name HARMER, MIKE Name LEWIS-MORRILL, KERRI

Address 1291 S 910 W Address 24911 SINGINGWOODS DRIVE

City-State-Zip: LEHI UT 84043 City-State-Zip: LAKE FOREST CA 92630

TitleCHAIRMANTitleDIRECTORNameZARSKI, DICKNameHARRIS, BLAIR

Address 19266 SLEEPING OAK DRIVE Address 497 E HARVEST MOON DR.

City-State-Zip: TRABLICO CANYON CA 92679 City-State-Zip: PLEASANT GROVE UT 84062

City-State-Zip: TRABUCO CANYON CA 92679 City-State-Zip: PLEASANT GROVE UT 8406

Title DIRECTOR

Name SMITH, RUSS

Address 185 BANBURY CT.

City-State-Zip: HENDERSON NV 89074

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN ADAMS CEO 01/25/2023

FILED Jan 25, 2023

**Secretary of State** 

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