


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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AB

<b>DOCUMENT #</b> F00000006776	
1. Entity Name <b>ALTI INC.</b>	

**FILED**

03 JUL 28 PM 4: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>102 PICKERING WAY, SUITE 403 EXTON PA 19341</b>	Mailing Address <b>102 PICKERING WAY, SUITE 403 EXTON PA 19341</b>
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2. Principal Place of Business <b>01334 Timberlane Rd.</b>	3. Mailing Address <b>01334 Timberlane Rd.</b>
Suite, Apt. #, etc. <b>Suite 6</b>	Suite, Apt. #, etc. <b>Suite 6</b>

☐ CHECK HERE IF MAKING CHANGES **03**

City & State <b>Tallahassee, Florida</b>	City & State <b>Tallahassee, Florida</b>
Zip <b>32312</b>	Zip <b>32312</b>
Country <b>Leon</b>	Country <b>Leon</b>

4. FEI Number <b>51-0394025</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 10, 2003 Fee will be \$750.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P COLLEVECCHIO, ALEXANDER 285 GREAT VALLEY PARKWAY MALVERN PA 19355</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>S WEBSTER, KEVIN S 1334 TIMBERLANE RD TALLAHASSEE FL 32312</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>600022351606 08/15/03--01057--019 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>SIGNATURE REQUIRED</b>	<b>President 7/28/03 850 907-0028</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (4/03)

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Enterprise Solutions Through Technology.

July 28, 2003  
**VIA HAND DELIVERY**

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

**Re: 2003 Uniform Business Report**

Dear Sir or Madam:

Please find enclosed the 2003 Uniform Business Report with our filing fee of \$150.00. At this time I would like to request this office to waive the late fees assessed to the corporation due to the filing of this report after the May 1, 2003 deadline. Due to the relocation of our headquarters office from Pennsylvania to Florida we never received the original 2003 Uniform Business Report.

Thank you for your assistance and please feel free to contact me should you have any questions regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Webster". The signature is fluid and cursive, with a large initial "S" and a stylized "W".

Scott Webster  
Vice President

KSW/jmp  
Enclosure(s)

