

**\* AMENDED \***  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO1000025054**

1. Entity Name

**ALT1 ENTERPRISES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**17161 MORRIS BRIDGE ROAD**

3. Mailing Address

**- SAME -**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**THONOTOSASSA, FL**

**- SAME -**

Zip

Country

Zip

Country

**33592**

**USA**

**DO NOT WRITE  
IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

**10-25-02 01160 005 \$61.25**

4. FFI Number

**59-3704414**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address

City

**LARRY TICKLES**

**4405 AKITA DRIVE**

**TAMPA**

**FL**

**33624**

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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

**D, VP, S  
TICKLES, LARRY  
4405 AKITA DRIVE  
TAMPA, FL 33624**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D, P  
ALBRIGHT STEVE  
17161 MORRIS BRIDGE ROAD  
THONOTOSASSA, FL 33592**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D, COO  
RONALD ALORICH JR  
13123 CASA BLANCA AVE  
NEW PORT RICHEY, FL 34654**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LARRY TICKLES, VP.**

**OCT 28, 02 (813) 961-8345**

DATE

Daytime Phone #

CR2E034B (12/01)