

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90072 050 \*\*\*150.00

**DOCUMENT # V27794**

1. Entity Name  
**ALSTON & WALTERS ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**1230 WRIGHTS LANE 1230 WRIGHTS LANE**  
**WEST CHESTER PA 19380 WEST CHESTER PA 19380**

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 **23-2049500** 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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

Name **N/A**  
 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 \_\_\_\_\_ (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. Ele Campaign Financing ☐ **\$5.00** May Be  
 Tru d Contribution. Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/

## CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PRITCHARD, DAVID G</b> <b>946 WAWASET RD.</b> <b>KENNETT SQUARE PA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTSD</b> <b>ALSTON, ESTELLE H</b> <b>101 AMBLEWOOD LN</b> <b>NAPLES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>MATLACK, WALTER L. III</b> <b>219 CARLTON DRIVE</b> <b>BROOMALL PA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALSTON, ROBERT P</b> <b>304 N FRANKLIN STREET</b> <b>WEST CHESTER PA 19380</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALSTON, NANCY</b> <b>1021 NELSON ROAD</b> <b>BOZEMAN MT 39718</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELANEY, ROBERT</b> <b>1528 MCDANIEL DRIVE</b> <b>WEST CHESTER PA 19380</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRITCHARD, DAVID G.</b> <b>946 WAWASET RD</b> <b>KENNETT SQUARE PA 19348</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRIGGS, W. JAM</b> <b>ROSEMONT B</b> <b>919 CONESTOGA RD</b> <b>ROSEMONT PA 19010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>ALSTON, ROBERT P</b> <b>504 N FRANKLIN ST</b> <b>WEST CHESTER PA 19380</b>	<input checked="" 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

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:** *DAVID G. PRITCHARD*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-19-01** Daytime Phone # **610-696-1069**

CR2E034 (10/00)