

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90064 013 \*\*\*158.75

**DOCUMENT # F95000004495**

1. Entity Name  
**ABBOTT & COBB, INC.**

Principal Place of Business

Mailing Address

4151 STREET RD  
 TREVOSE PA 19053

P.O. BOX 307  
 FEASTERVILLE PA 19053-0307  
 US

A0009988



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1936286**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**BLANTON, EDWIN F**  
**825 THOMASVILLE ROAD**  
**TALLAHASSEE FL 32303**

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, 2000 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	CT	<input type="checkbox"/> Delete
NAME	ABBOTT, ARTHUR C	
STREET ADDRESS	777 NE HARBOUR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOPP, LINDA M	
STREET ADDRESS	613 SOCIETY PLACE	
CITY-ST-ZIP	NEWTOWN PA 18940	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MALLEY, JOHN F	
STREET ADDRESS	40 CHEROKEE DRIVE	
CITY-ST-ZIP	RICHBORO PA 18954	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	KOLENDA, WILLIAM	
STREET ADDRESS	509 WASHINGTON AVE.	
CITY-ST-ZIP	NEWTOWN PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORSON, JOHN	
STREET ADDRESS	P.O. BOX 710 (N/A)	
CITY-ST-ZIP	PLYMOUTH MTG. PA 19462	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIMACK, AURIN	
STREET ADDRESS	2430 EDWARD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS PA 33410	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINBERG, DAVID	
STREET ADDRESS	8 WHITE COURT	
CITY-ST-ZIP	VOORHEES, NJ 08043	
TITLE	ASS. F. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETH ANN RINKUS	
STREET ADDRESS	1577 CREEK ROAD	
CITY-ST-ZIP	FURLONG, PA 18925	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*William Kolenda*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00  
 Date

215-245-6666  
 Daytime Phone #

CR2E034 (9/99)