

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90034 015 \*\*\*150.00

**DOCUMENT # P12000**

**1. Entity Name**  
**FISHER TANK COMPANY**

**Principal Place of Business**  
 3131 W. FOURTH STREET  
 CHESTER PA 19013

**Mailing Address**  
 1013 CENTRE RD  
 PO BOX 591  
 WILMINGTON DE 19899

00030486



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** 23-1384852

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**

**CORPORATION SERVICE COMPANY**  
**1201 HAYES STREET**  
**TALLAHASSEE FL 32301**

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, 2002 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	CD	<input type="checkbox"/> Delete
NAME	BORST, ROBERT M.	
STREET ADDRESS	1058 TENBY ROAD	
CITY-ST-ZIP	BERWYN PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOUTIN, JOSEPH M.	
STREET ADDRESS	3524 GARNET MINE ROAD	
CITY-ST-ZIP	BOOTHWYN PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WINDHAM, PAUL	
STREET ADDRESS	320 BEAUMONT DRIVE	
CITY-ST-ZIP	LEXINGTON SC 29072	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PASINI, LEO	
STREET ADDRESS	2004 TODD LANE	
CITY-ST-ZIP	BOOTHWYN PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SZELAK, PAUL M	
STREET ADDRESS	30 SCOTT ROAD	
CITY-ST-ZIP	GLEN MILLS PA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, JAMES M.	
STREET ADDRESS	157 ANDRIEN ROAD	
CITY-ST-ZIP	GLEN MILLS PA	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JOHN A.	
STREET ADDRESS	580 River Oaks Drive	
CITY-ST-ZIP	Cropwell, AL 35054	
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:** Paul M. Szelak **PAUL M. SZELAK** 2/7/02, (610)494-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR 2002 11 1A

CR2E034 (9/01)