

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90377 016 \*\*\*150.00

**DOCUMENT # F95000002926**

1. Entity Name  
**FISHMAN & TOBIN INC.**



Principal Place of Business  
**625 RIDGE PIKE BLDG E. STE 320**  
**CONSHOHOCKEN PA 19428**  
**CONSHOHOCKEN**

Mailing Address  
**625 RIDGE PIKE BLDG E. STE 320**  
**CONSHOHOCKEN PA 19428**  
**CONSHOHOCKEN**



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 **23-1306344**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHIVITE, MARIA-ELENA**  
**9150 NW 105TH WAY**  
**SUITE 105**  
**MEDLY FL 33178**

7. Name and Address of New Registered Agent

Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**600 WELLS RD**  
City **ORANGE PARK** **FL** Zip Code **32073**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCT</b> <b>TOBIN, SYLVAN M</b> <b>101 CHESWOLD LN APT 50</b> <b>HAVERFORD PA 19041</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCS</b> <b>FISHMAN, BERNARD</b> <b>THE ADDISON, 1500 S OCEAN BLVD PH 3/4</b> <b>BOCA RATON FL-33432</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FISHMAN, MARK</b> <b>848 ROSCOMMON RD</b> <b>BRYN MAWR PA 19010</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VETERE, NICHOLAS</b> <b>625 RIDGE PIKE BLVD E. STE 320</b> <b>CONSHOHOCKEN PA 19428</b>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/03** **612-729-0501**  
Date Daytime Phone #

CR2E034 (10/02)