

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-27-2003 90249 049 \*\*\*158.75

**DOCUMENT # F95000004495**

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



Principal Place of Business  
**4151 STREET RD  
TREVISO PA 19053**

Mailing Address  
**P.O. BOX 307  
FEASTERVILLE PA 19053  
US**



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**

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 **CT** ☐ Delete  
NAME **ABBOTT, ARTHUR C**  
STREET ADDRESS **777 NE HARBOUR DR**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **CTD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **KOPP, LINDA M**  
STREET ADDRESS **613 SOCIETY PLACE**  
CITY-ST-ZIP **NEWTOWN PA 18940**

TITLE **S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **RINKUS, BETH ANN**  
STREET ADDRESS **1577 CREEK ROAD**  
CITY-ST-ZIP **FURLONG PA 18925**

TITLE **VS** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CFO** ☒ Delete  
NAME **KOLENDA, WILLIAM**  
STREET ADDRESS **509 WASHINGTON AVE.**  
CITY-ST-ZIP **NEWTOWN PA**

TITLE **D** ☐ Change ☒ Addition  
NAME **DAVID WEINBERG**  
STREET ADDRESS **8 W HYTE CT.**  
CITY-ST-ZIP **VOORHIES, NJ 08043**

TITLE **D** ☐ Delete  
NAME **CORSON, JOHN**  
STREET ADDRESS **P.O. BOX 710 (N/A)**  
CITY-ST-ZIP **PLYMOUTH MTG. PA 19462**

TITLE **V** ☐ Change ☒ Addition  
NAME **EARL HESS**  
STREET ADDRESS **850 BLOOMING ROAD**  
CITY-ST-ZIP **H.L.CTOWN PA 18927**

TITLE **D** ☐ Delete  
NAME **PRIMACK, AURIN**  
STREET ADDRESS **2430 EDWARD ROAD**  
CITY-ST-ZIP **PALM BEACH GARDENS PA 33410**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/03**  
Date

**215-245-6666**  
Daytime Phone #

CR2E034 (10/02)