

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90069 026 \*\*\*150.00

**DOCUMENT # P93000018692**



1. Entity Name

ALLIED/WATER STREET, INC.

Principal Place of Business

C/O URDANG & ASSOC. REAL ESTATE  
630 GERMANTOWN PIKE, SUITE 321  
PLYMOUTH MEETING PA 19462  
US

Mailing Address

C/O URDANG & ASSOC REAL ESTATES ADVIS  
630 W. GERMANTOWN PIKE, STE 321  
PLYMOUTH MEETING PA 19422  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2721464

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 S PINE ISLAND RD  
PLANTATION FL 33324

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, 2004 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

TITLE DP ☐ Delete  
NAME URDANG, E S  
STREET ADDRESS 630 W. GERMANTOWN PIKE, STE 321  
CITY-ST-ZIP PLYMOUTH MEETING PA 19462

TITLE VS ☐ Delete  
NAME BLUM, DAVID J.  
STREET ADDRESS 630 W. GERMANTOWN PIKE, STE 321  
CITY-ST-ZIP PLYMOUTH MEETING PA 19462

TITLE V ☐ Delete  
NAME SANFILIPPO, VINCENT  
STREET ADDRESS 630 W. GERMANTOWN PIKE, STE 321  
CITY-ST-ZIP PLYMOUTH MEETING PA 19462

TITLE D ☐ Delete  
NAME FERST, RICHARD J  
STREET ADDRESS 630 W. GERMANTOWN PIKE, SUITE 321  
CITY-ST-ZIP PLYMOUTH MEETING PA 19462

TITLE V ☐ Delete  
NAME GRECO, MARK B  
STREET ADDRESS 630 W. GERMANTOWN PIKE, SUITE 321  
CITY-ST-ZIP PLYMOUTH MEETING PA 19462

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE COO ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 300  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 300  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 300  
CITY-ST-ZIP

TITLE COO ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 300  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 300  
CITY-ST-ZIP

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:

*David J. Blum* David J. Blum

4-6-04

610-834-9506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #