2000 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **F95000004495** 1. Entity Name ABBOTT & COBB, INC. 01-25-2000 90064 013 ***158.75 Principal Place of Business Mailing Address 4151 STREET RD P.O. BOX 307 itrevose pa 19053 FEASTERVILLE PA 19053-0307 A0009988 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 23-1936286 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent-Name and Address of Current Registered Agent Name BLANTON, EDWIN F Street Address (P.O. Box Number is Not Acceptable) 825 THOMASVILLE ROAD TALLAHASSEE FL 32303 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE Change WEING , DAVID ABBOTT, ARTHUR C NAME STREET ADDRESS 777 NE HARBOUR DR STREET ADDRESS a white cover 08043 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ASS.F. SECRETA Addition ☐ Delete Change BETH ANN RUNKUS NAME KOPP, LINDA M NAME STREET ADDRESS 613 SOCIETY PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEWTOWN PA 18940 Addition TITLE ☐ Change TITLE ☐ Delete NAME MALLEY, JOHN F NAME STREET ADDRESS **40 CHEROKEE DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHBORO PA 18954 CF₀ ☐ Delete TITLE Change ☐ Addition TITLE KOLENDA, WILLIAM NAME NAME STREET ADDRESS 509 WASHINGTON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEWTOWN PA ☐ Delete ☐ Change ☐ Addition TITLE TIT! F CORSON, JOHN NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 710 (N/A) CITY-ST-ZIP CITY-ST-ZIP PLYMOUTH MTG. PA 19462 ☐ Addition ☐ Delete TITLE Change TITLE PRIMACK, AURIN NAME NAME STREET ADDRESS STREET ADDRESS 2430 EDWARD ROAD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS PA 33410

FILED

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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