

**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
TREVOSE PA 19053**

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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **23-1936286**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

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 _____ DATE _____
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
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

TITLE	CT	<input type="checkbox"/> Delete
NAME	ABBOTT, ARTHUR C	
STREET ADDRESS	777 NE HARBOUR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOPP, LINDA M	
STREET ADDRESS	613 SOCIETY PLACE	
CITY-ST-ZIP	NEWTOWN PA 18940	
TITLE	S	<input type="checkbox"/> Delete
NAME	RINKUS, BETH ANN	
STREET ADDRESS	1577 CREEK ROAD	
CITY-ST-ZIP	FURLONG PA 18925	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	KOLENDA, WILLIAM	
STREET ADDRESS	509 WASHINGTON AVE.	
CITY-ST-ZIP	NEWTOWN PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORSON, JOHN	
STREET ADDRESS	P.O. BOX 710 (N/A)	
CITY-ST-ZIP	PLYMOUTH MTG. PA 19462	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIMACK, AURIN	
STREET ADDRESS	2430 EDWARD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS PA 33410	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID WEINBERG	
STREET ADDRESS	8 W HYTE CT.	
CITY-ST-ZIP	WOOD RIDGES, NJ 08043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARL HESS	
STREET ADDRESS	850 BLOOMING ROAD	
CITY-ST-ZIP	H. L. CTOWN PA 18927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **REQUINEL Finera** **1/7/03** **215-245-6666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)