

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90100 021 \*\*\*150.00

DOCUMENT # **470418**

1. Entity Name  
**WEISBERG CONCESSIONS, INC.**



Principal Place of Business  
~~1464 ARABIAN DR~~  
~~W. PALM BEACH, FL~~  
~~LOXAHATCHEE FL 33470~~

Mailing Address  
~~1464 ARABIAN DR~~  
~~W. PALM BEACH, FL~~  
~~LOXAHATCHEE FL 33470~~



2. Principal Place of Business  
**3301 S. Rose Ave**

3. Mailing Address  
**3301 S. Rose Ave**

Suite, Apt. #, etc.  
**Inverness, FL**

Suite, Apt. #, etc.  
**Inverness, FL**

CHECK HERE IF MAKING CHANGES  
**Address only**  
4. FEI Number **59-1582238** Applied For  
Not Applicable

City & State  
**Inverness, FL**

City & State  
**Inverness, FL**

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

6. Name and Address of Current Registered Agent  
**TYNDAL, MARTHA WEISBERG**  
~~1464 ARABIAN DR~~  
~~LOXAHATCHEE FL 33470~~

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3301 S. Rose Ave**  
City **Inverness** FL Zip Code **33450**

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 *Martha Weisberg Tyndal* (NOTE: Registered Agent signature required when reinstating) DATE **4/6/03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TYNDAL, MARTHA WEISBERG</b> <b>1464 ARABIAN DR</b> <b>LOXAHATCHEE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>TYNDAL, JAMIE L</b> <b>1464 ARABIAN DR</b> <b>LOXAHATCHEE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3301 S. Rose Ave</b> <b>Inverness, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3301 S. Rose Ave</b> <b>Inverness, FL</b>
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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 empowerers.

SIGNATURE: *Martha Tyndal* **Martha Tyndal** **4/6/03** **352-860-2291**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MASTERS AV

CR2E034 (10/02)