

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91065 010 ***150.00

DOCUMENT # F98000006257

1. Entity Name

WEINER CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

136 Bridge Water

Suite, Apt. #, etc.

3. Mailing Address

3501 Del Prado Blvd.,

Suite, Apt. #, etc.

Suite 206

DO NOT WRITE IN THIS SPACE

City & State

Madison, Ms

City & State

Cape Coral, Florida

4. FEI Number

64-0509980

Applied For

Not Applicable

Zip

39110

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Lester E. Weiner

Street Address (P.O. Box Number is Not Acceptable)

3501 Del Prado Blvd.,

Suite 206

City

Cape Coral

FL

Zip Code
33904

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President/Secretary
Lester E. Weiner
3501 Del Prado Blvd., # 206
Cape Coral, Florida 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President/Treasurer
Robyn L. Weiner
3501 Del Prado Blvd., # 206
Cape Coral, Florida 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Lester Weiner, President

LESTER WEINER, President 4/18/03 (239) 540-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)