

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0413674 AV

**DOCUMENT # P00000080956**

1. Entity Name  
**GIFT OF GAB, INC.**



04-28-2003 90496 013 \*\*\*150.00

Principal Place of Business  
**1191 E. NEWPORT CTR DR.  
STE 103  
DEERFIELD BEACH FL 33442**

Mailing Address  
**1191 E. NEWPORT CTR DR.  
STE 103  
DEERFIELD BEACH FL 33442**



2. Principal Place of Business  
**9797 RIVERSIDE DRIVE**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Coral Springs, FL**

City & State

4. FEI Number **65-1035061**

Applied For  
Not Applicable

Zip  
**33071**

Country  
**USA**

Zip

Country

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

**WEINBERG, BRYAN M  
1191 E. NEWPORT CTR DR.  
STE 103  
DEERFIELD BEACH FL 33442**

Name  
**Bryan M. Weinberg**

Street Address (P.O. Box Number is Not Acceptable)  
**9797 RIVERSIDE DRIVE**

City **Coral Springs, FL** FL Zip Code **33071**

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]**

(NOTE: Registered Agent signature required when reinstating)

DATE

**X 04/24/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTSD  
WEINBERG, BRYAN M  
1191 E. NEWPORT CTR DR. #103  
DEERFIELD BEACH FL 33442** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTSD  
WEINBERG, BRYAN M.  
9797 RIVERSIDE DRIVE  
CORAL SPRINGS, FL 33071** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 04/24/03 X 954-437**

Date

Daytime Phone #

**2120**

CR2E034 (10/02)