

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90772 011 ***150.00

DOCUMENT # P94000030992

1. Entity Name

ESTHER WEISMAN ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4830 W KENNEDY BLVD

3. Mailing Address

4830 W KENNEDY BLVD

Suite, Apt. #, etc.

Suite 176

Suite, Apt. #, etc.

SUITE 176

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33609-2517

Country

Zip

33609-2517

Country

4. FEI Number

59-3266601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RIEF, FRANK J III

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

100 NORTH TAMPA STREET

SUITE 2800

City

TAMPA

FL

Zip Code
33602

DO NOT WRITE
IN THIS SPACE

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME ESTHER WEISMAN
STREET ADDRESS 4830 W KENNEDY BLVD #176
CITY - ST - ZIP TAMPA FL 33609

TITLE PDST
NAME KIRK O WEISMAN
STREET ADDRESS 4830 W KENNEDY BLVD #176
CITY - ST - ZIP TAMPA FL 33609

TITLE VPST
NAME KENNETH L WEISMAN
STREET ADDRESS 4830 W KENNEDY BLVD #176
CITY - ST - ZIP TAMPA FL 33609

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY M. WEISMAN

Date

4/16/02 813-286-4466

Daytime Phone #