

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000080809

FILED
Jan 29, 2003
Secretary of State

Entity Name: CONCESSIONS UNLIMITED, INC.

Current Principal Place of Business:

5599 COMMONWEALTH
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 57191
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 59-3469938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEPER, RICHARD C JR
3020 HARTLEY ROAD, STE. 350
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHUMPP, ALANE
Address: 1808 GRASSINGTON WAY NO.
City-St-Zip: JACKSONVILLE, FL 32223

Title: DV (X) Delete
Name: SCHUMPP, WILLIAM
Address: 1808 GRASSINGTON WAY NO.
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALANE SCHUMPP

DP

01/29/2003

Electronic Signature of Signing Officer or Director

_____ Date