

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

DOCUMENT # **99000103464**

1. Entity Name

**Culinarian Concepts, Inc.**

FILED

02 DEC 16 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2111 S.E. Ocean Blvd**

3. Mailing Address

**2111 S.E. Ocean Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Stuart, FL**

City & State

**Stuart, FL**

4. FEI Number

**65-0967172**

Applied For

Not Applicable

Zip

**34996**

Country

**USA**

Zip

**34996**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Jo Ann Weiss**

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

**660 32nd Ct SW**

City

**Vero Bch**

FL

Zip Code

**32968**

**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

*Jo Ann Weiss*  
Signature of registered agent or principal officer and title if applicable.

*Jo Ann Weiss (Pres) (reg agent) 12/11/02*  
(NOTE: Registered Agent signature required when reappointing) 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Pres.  
JOANN WEISS  
660 32nd Ct SW  
Vero Bch, FL 32968**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**800009529478  
12/16/02--01103--010 \*\*150.00**

TITLE  
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Jo Ann Weiss* **Jo Ann Weiss**

**12/11/02**

**772-287-1140**

Date

Daytime Phone #

CR2E034B (12/01)

**B**

2012

# The Twisted Grille

2111 E. Ocean Blvd. • Stuart, FL 34996 • (561) 287-1140 • Fax: (561) 287-8660

Dec. 11, 02

To Whom it May Concern,

Please be advised that I was unaware of my corporation being dissolved. I never received any renewal forms to submit.

I am enclosing a check for \$150.00 to reinstate the corporation as per my phone conversation yesterday.

Thank you very much.

John Weiss (President)  
John Weiss (Registered Agent)