

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S15379

FILED  
Mar 12, 2003  
Secretary of State

**Entity Name:** CONCESSION & RESTAURANT SUPPLY, INC.

**Current Principal Place of Business:**

886 WATERWAY PLACE  
LONGWOOD, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

886 WATERWAY PLACE  
LONGWOOD, FL 32250 US

**New Mailing Address:**

**FEI Number:** 59-3118993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEFFEN, SUZANN K.  
117 HIDDEN OAK DR  
LONGWOOD, FL 32750 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: PST ( ) Delete  
Name: GEFFEN, SUZANN K PRES  
Address: 117 HIDDEN OAK DR  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SUZANN K GEFFEN

PRES

03/12/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date