

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90157 003 \*\*\*158.75

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

DOCUMENT # P 93000008025  
 1. Entity Name  
 KEDC of Tampa, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 9428 Eddings Rd  
 Suite, Apt. #, etc.

3. Mailing Address  
 5514 Carmack Rd  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Odessa, FL

City & State  
 Tampa, FL

4. FEI Number  
 59 3163182

Applied For  
 Not Applicable

Zip Country Zip Country  
 33556 USA 33410 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 Alan S. Christner

Street Address (P.O. Box Number is Not Acceptable)  
 401 Second St. East  
 STE. 231

City  
 Indian Rocks Beach FL

Zip Code  
 34635

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when consisting) \_\_\_\_\_ 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	P	TITLE	
NAME	Thomas Wasielewski	NAME	
STREET ADDRESS	9428 Eddings Rd	STREET ADDRESS	
CITY - ST - ZIP	Odessa, FL 33556	CITY - ST - ZIP	
TITLE	ST	TITLE	
NAME	Karen Wasielewski	NAME	
STREET ADDRESS	9428 Eddings Rd	STREET ADDRESS	
CITY - ST - ZIP	Odessa, FL 33556	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE  
 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)(b), 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: Karen Wasielewski Karen Wasielewski 2-20-02 813 621 8059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)