

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90068 040 \*\*\*150.00

**DOCUMENT # P94000093000**

1. Entity Name  
**2909 W.A.K. CORPORATION**

Principal Place of Business Mailing Address  
**7650 COURTNEY CAMPBELL CSWY, SUITE 1120** **7650 COURTNEY CAMPBELL CSWY, SUITE 1120**  
**TAMPA FL 33607** **TAMPA FL 33607**  
**US** **US**



2. Principal Place of Business 3. Mailing Address  
**712 S. Oregon Ave** **712 S. Oregon Ave**  
 (Suite) Apt. #, etc. (Suite) Apt. #, etc.  
**200** **200**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**Tampa, FL** **Tampa, FL** **59-3349534** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
**33606** **33606**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**KRUSEN, WILLIAM A JR** Name  
~~**7650 COURTNEY CAMPBELL CSWY, SUITE 1120**~~ Street Address (P.O. Box Number is Not Acceptable)  
~~**TAMPA FL 33607**~~ **712 S. Oregon Ave.**  
**Suite 200**  
 City **Tampa** **FL** Zip Code **33606**

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 William W.A. Krusen Jr. **4-25-02**  
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.  **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DP</b> <input type="checkbox"/> Delete	NAME <b>KRUSEN, WILLIAM A</b>	TITLE <b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <del><b>7650 COURTNEY CAMPBELL CSWY, SUITE 1120</b></del>	CITY-ST-ZIP <del><b>TAMPA FL 33607</b></del>	STREET ADDRESS <b>712 S. Oregon Ave., Suite 200</b>	CITY-ST-ZIP <b>Tampa, FL 33606</b>
TITLE <b>DP</b> <input type="checkbox"/> Delete	NAME <b>KRUSEN, WILLIAM A JR</b>	TITLE <b>DP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <del><b>7650 COURTNEY CAMPBELL CSWY, SUITE 1120</b></del>	CITY-ST-ZIP <del><b>TAMPA FL 33607</b></del>	STREET ADDRESS <b>712 S. Oregon Ave., Suite 200</b>	CITY-ST-ZIP <b>Tampa, FL 33606</b>
TITLE <b>D</b> <input type="checkbox"/> Delete	NAME <b>KRUSEN, CHARLES B</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <b>712 5TH AVE, 11TH FLOOR</b>	CITY-ST-ZIP <b>NEW YORK NY 10019</b>	STREET ADDRESS <b>465 Park Ave., Apt. 13A</b>	CITY-ST-ZIP <b>New York, NY 10022</b>
TITLE <b>TS</b> <input type="checkbox"/> Delete	NAME <b>JONES, DOUG</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <del><b>7650 COURTNEY CAMPBELL CSWY, SUITE 1120</b></del>	CITY-ST-ZIP <del><b>TAMPA FL 33607</b></del>	STREET ADDRESS <b>712 S. Oregon Ave., Suite 200</b>	CITY-ST-ZIP <b>Tampa, FL 33606</b>
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS <b>Meyjes, Pamela</b>	CITY-ST-ZIP <b>350 E. 57th St., Apt. 15B</b>
			<b>New York, NY 10022</b>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.A. Krusen **W.A. Krusen** **4-25-02** **813-837-3009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)