

# 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  
**7650 COURTNEY CAMPBELL CSWY. SUITE 1120**  
**TAMPA FL 33607**  
**US**

Mailing Address  
**7650 COURTNEY CAMPBELL CSWY. SUITE 1120**  
**TAMPA FL 33607**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**712 S. Oregon Ave**  
 Suite Apt. #, etc.  
**200**

3. Mailing Address  
**712 S. Oregon Ave**  
 Suite Apt. #, etc.  
**200**

City & State  
**Tampa, FL**  
 Zip  
**33606**

City & State  
**Tampa, FL**  
 Zip  
**33606**

4. FEI Number  
**59-3349534**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**KRUSEN, WILLIAM A JR**  
~~**7650 COURTNEY CAMPBELL CSWY, SUITE 1120**~~  
~~**TAMPA FL 33607**~~

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**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 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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	<del>DP</del>	<input type="checkbox"/> Delete
NAME	<del>KRUSEN, WILLIAM A</del>	
STREET ADDRESS	<del>7650 COURTNEY CAMPBELL CSWY, SUITE 1120</del>	
CITY-ST-ZIP	<del>TAMPA FL 33607</del>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>KRUSEN, WILLIAM A JR</del>	
STREET ADDRESS	<del>7650 COURTNEY CAMPBELL CSWY, SUITE 1120</del>	
CITY-ST-ZIP	<del>TAMPA FL 33607</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUSEN, CHARLES B	
STREET ADDRESS	712 5TH AVE, 11TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	TS	<input type="checkbox"/> Delete
NAME	JONES, DOUG	
STREET ADDRESS	7650 COURTNEY CAMPBELL CSWY, SUITE 1120	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	712 S. Oregon Ave., Suite 200	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	712 S. Oregon Ave., Suite 200	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	465 Park Ave., Apt. 13A	
CITY-ST-ZIP	New York, NY 10022	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	712 S. Oregon Ave., Suite 200	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meyjes, Pamela	
STREET ADDRESS	350 E. 5th St., Apt. 15B	
CITY-ST-ZIP	New York, NY 10022	

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

CR2E034 (9/01)