

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

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90567 025 \*\*\*150.00

**DOCUMENT # H34179**

1. Entity Name

**KADEK ENTERPRISES OF FLORIDA, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**12777 STATE HWY. 82**

Suite, Apt. #, etc.

3. Mailing Address  
**2225 SHEPPARD AVE. E.**

Suite, Apt. #, etc.

**SUITE 1100**

DO NOT WRITE IN THIS SPACE

City & State  
**FORT MYERS, FL**

City & State  
**TORONTO, ONTARIO**

4. FEI Number  
**59-2502540**

Applied For  
Not Applicable

Zip  
**33913**

Country  
**U.S.A.**

Zip  
**M2J 5C2**

Country  
**CANADA**

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  
**CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**

City  
**PLANTATION**

**FL**

Zip Code  
**33324**

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

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) ☐

**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  
**PRESIDENT  
PAUL A. HOUSTON  
1100 - 2225 SHEPPARD AVE. E.  
TORONTO, ON M2J 5C2 CANADA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY  
LAUREL J. LANGFORD  
1100 - 2225 SHEPPARD AVE. E.  
TORONTO, ON CANADA M2J 5C2**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER  
LAUREL J. LANGFORD  
1100 - 2225 SHEPPARD AVE. E.  
TORONTO, ON CANADA M2J 5C2**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE-PRESIDENT  
JOSEPH T. HARDIMAN  
311 ELM STREET, SUITE 1000  
CINCINNATI, OH 45202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
JEFFREY LOWE  
1100 - 2225 SHEPPARD AVE. E.  
TORONTO, ON CANADA M2J 5C2**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
WILLIAM TOTTLE  
1100 - 2225 SHEPPARD AVE. E.  
TORONTO, ON CANADA M2J 5C2**

TITLE  
NAME  
STREET ADDRESS  
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:  **LAUREL J. LANGFORD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/02

Date

(416) 498-2430

Daytime Phone #

CR2E034B (12/01)