

6/16/2002-90707

FILED

Jul 16, 2002 8:00 am  
Secretary of State

06-16-2002 90707 002 \*\*\*150.00

07-16-2002 90342 025 \*\*\*400.00

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

DOCUMENT # P00000090478

1. Entity Name

KENADEE GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1612 WEST WATERS AVE.

3. Mailing Address

1612 W. WATERS AVE

Suite, Apt. #, etc.

SUITE #107

Suite, Apt. #, etc.

#107

City &amp; State

TAMPA, FL

City &amp; State

TAMPA FL

Zip

33604

Country

Hills

Zip

33604

Country

Hills

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3672555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

KENNETH SHOBOLA

Street Address (P.O. Box Number is Not Acceptable)

16008 MUIRFIELD DRIVE

ODESSA

City

ODESSA

FL

Zip Code

33556

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

KENNETH SHOBOLA, PRESIDENT.

7/6/02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

PD  
SHOBOLA, KENNETH  
1612 W. WATERS AVE. #107  
TAMPA, FL 33604

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

UD  
ADETUTU, ABIDEMI  
1612 W. WATERS AVE. #107  
TAMPA, FL 33604

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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)(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 on an attachment with an address, if not otherwise answered.

SIGNATURE:

KENNETH SHOBOLA, President

6/7/02

(813) 695-2831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)