

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075847

1. Entity Name

WALDEC REAL ESTATE, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90013 003 ***150.00

Principal Place of Business

Mailing Address

5050 W. LEMON ST.
TAMPA FL 33609
US

564 ALPHA DRIVE
PITTSBURG PA 15238-2912
US

LUU11430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1500 Ardmore Blvd

Suite, Apt. #, etc.

Suite 100

City & State

Pittsburgh PA

4. FEI Number 59-3209322

Applied For
Not Applicable

Zip

Country

Zip

Country

15221

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMEK, R. KEVIN
THE WALDEC GROUP
5050 W. LEMON ST.
TAMPA FL 33609

Name

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

City

FL

Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 P ☐ Delete
NAME WALLACE, THOMAS E
STREET ADDRESS 4810 WOODMERE RD.
CITY-ST-ZIP TAMPA FL

TITLE V ☐ Delete
NAME ADAMEK, R. KEVIN
STREET ADDRESS 123 HENRY RD.
CITY-ST-ZIP TARENTUM PA

TITLE S ☐ Delete
NAME WALLACE, TIMOTHY W
STREET ADDRESS 1228 PICKERING LANE
CITY-ST-ZIP CHESTER SPRINGS PA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/2000 412-871-7100