

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-07-2002 90073 034 \*\*\*150.00

0448630 AV

**DOCUMENT # P93000075847**

1. Entity Name

**WALDEC REAL ESTATE, INC.**

Principal Place of Business

**4737 DOLPHIN CAY LANE SOUTH  
 UNIT 107  
 SAINT PETERSBURG FL 33711  
 US**

Mailing Address

**4737 DOLPHIN CAY LANE SOUTH  
 UNIT 107  
 SAINT PETERSBURG FL 33711  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3209322**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WALLACE, THOMAS E  
 4810 WOODMERE RD  
 TAMPA FL 33609-3633**

7. Name and Address of New Registered Agent

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, 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	<b>O</b>	<input type="checkbox"/> Delete
NAME	<b>WALLACE, THOMAS E</b>	
STREET ADDRESS	<b>4810 WOODMERE RD.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609-3633</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMEK, R. KEVIN</b>	
STREET ADDRESS	<b>4737 DOLPHIN CAY LANE S #107</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33711</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WALLACE, TIMOTHY W</b>	
STREET ADDRESS	<b>1228 PICKERING LANE</b>	
CITY-ST-ZIP	<b>CHESTER SPRINGS PA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

**3/28/02 412 871 7181**  
 Date Daytime Phone #

CR2E034 (9/01)