

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 492319

1. Entity Name

DEL-PAR ELECTRIC, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90121 001 \*\*\*150.00

0347205

Principal Place of Business  
4411 NORTH THATCHER AVENUE  
TAMPA FL 33614

Mailing Address  
4411 NORTH THATCHER AVENUE  
TAMPA FL 33614

00045048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1641757

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DE LA PARTE, ANGEL  
18005 QUAIL LANE, ROUTE 5, BOX 148  
LUTZ FL

Name

Andrew DeLaParre

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

3812 LITTLE Rd.

City

LUTZ, FLA.

FL

Zip Code

33549

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PD DE LA PARTE, ANGEL  
STREET ADDRESS 18005 QUAIL LANE  
CITY-ST-ZIP LUTZ FL ☒ Delete

TITLE NAME S DE LA PARTE, MARY  
STREET ADDRESS ROUTE 5, BOX 148  
CITY-ST-ZIP LUTZ FL ☒ Delete

TITLE NAME V DE LA PARTE, ANDREW  
STREET ADDRESS 17021 SHADY PINES DR  
CITY-ST-ZIP LUTZ FL ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE NAME President DeLaParre, Andrew ☒ Change ☐ Addition  
STREET ADDRESS 3812 LITTLE Rd.  
CITY-ST-ZIP LUTZ, FLA. 33549

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

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

TITLE NAME ☐ Change ☐ Addition  
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

4/27/01

Date

813-872-8597

Daytime Phone #

CR2E034 (10/00)