**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 493400  1. Entity Name  DE LA PARTE & GILBERT, PROFESSIONAL ASSOCIATION					Feb 24, 2002 8:00 am Secretary of State 02-24-2002 90073 044 ***150.00			
Principal Place of Business  101 E KENNEDY BOULEVARD  SUITE 3400  TAMPA FL 33602 US		Mailing Address POST OFFICE BOX 2350 TAMPA FL 33601 US						
2. Principal Place of Business		3. Mailing Address			! ( <b>05</b> 1) {			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State		4.	FEI Number <b>59-1637031</b>	<del></del>	oplied For	]
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Current R	egistered Agent		- 7.	Name and Address of New Re	•		İ
			Name					1
DE LA PARTE, L DAVID 101 E. KENNEDY BLVD., STE. 3400			Street	Address (P.O.	address (P.O. Box Number is Not Acceptable)			
TAMPA F	· ·							1
			City			FL Zip Cod	e	
8. The above	e named entity submits this statement for	the purpose of changing its re	gistered office	or registered aç	gent, or both, in the State of Flor	ída.		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	egistered Agent sign	nature required when i	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 Sta		\$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			
11.	OFFICERS AND D	IRECTORS	12.	ΑC	DDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA PARTE, EDWARD P JR 15802 DAWSON RIDGE DR TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15802	PARTE, EDWARD P. DAWSON RIDGE DRI		☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS GILBERT, RICHARD. 3317 W. GRANADA TAMPA FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GILBE	, FLORIDA RT, RICHARD A. WEST GRANADA; TAN	☒ Change 1PA, FLORIDA	☐ Addition	წ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKEY, DAVID D 111 N MONTCLAIR AVE BRANDON FL 33510	☐fDelete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	-		- Change	Addition	Į
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE LA PARTE, LOUIS DAVID 3019 VILLA ROSA PARK TAMPA FL	☐ Delete '	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MCNAMARA, PATRICK J 5803 GORDON AVE TAMPA FL 33611	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	5803 G	RA, PATRICK J. ORDON AVENUE FLORIDA 33611	<b>⊠</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT CALDEVILLA, DAVID N 9734 N ARZENIA AVE TAMPA FL 33612	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CALDEV 9734 NO	ILLA, DAVID M. ORTH ARMENIA AVEN	₩ Change	Addition	
<ol> <li>I hereby of indicated of the conchanged.</li> </ol>	certify that the information supplied with II on this report or supplemental report is II poration or the receiver of trusted they or on an attachment with an actions with	nis filing does not qualify for the rue and accurate and that my se rered to execute this report as that other like empowered.	e exemption st signature shall required by Cl	ated in Section.	119 07(3)(i) Florida Statutes Lf	urther certify that the ir ith; that I am an officer appears in Block 11 or	nformation or director Block 12 if	

SIGNATURE:

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 7, 2002 (813)229-2775 Date

Daytime Phone #