

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0450105 AV

**DOCUMENT # 493400**

1. Entity Name  
**DE LA PARTE & GILBERT, PROFESSIONAL ASSOCIATION**



04-14-2003 90950 031 \*\*\*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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **59-1637031**

Applied For  
Not Applicable

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, L DAVID  
101 E. KENNEDY BLVD., STE. 3400  
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE LA PARTE, EDWARD P JR 15802 DAWSON RIDGE DR TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILBERT, RICHARD. 3317 W. GRANADA TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKEY, DAVID D 111 N MONTCLAIR AVE BRANDON FL 33510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE LA PARTE, LOUIS DAVID 3019 VILLA ROSA PARK TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAMARA, PATRICK J 5803 GORDON AVE TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALDEVILLA, DAVID N 9734 N ARZENIA AVE TAMPA FL 33612	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
See Attached Changes	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/4/03

(813)229-2775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

80080920  
# 4934002003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)DOCUMENT # 493400  
DE LA PARTE & GILBERT, PROFESSIONAL ASSOCIATION

## EXHIBIT A

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Title Name Street Address City-St-Zip	VD DE LA PARTE, EDWARD P JR 15802 DAWSON RIDGE DR TAMPA FL	Title Name Street Address City-St-Zip	<u>X</u> Change ___ Addition 33647
Title Name Street Address City-St-Zip	TD- GILBERT, RICHARD 3317 W. GRANADA TAMPA FL	Title Name Street Address City-St-Zip	<u>X</u> Change ___ Addition 33629
Title Name Street Address City-St-Zip	VD DICKEY, DAVID D 111 N MONTCLAIR AVE BRANDON FL 33510	Title Name Street Address City-St-Zip	<u>X</u> Change ___ Addition 518 LAKEWOOD DR N.
Title Name Street Address City-St-Zip	VD DE LA PARTE, LOUIS DAVID 3019 VILLA ROSA PARK TAMPA FL	Title Name Street Address City-St-Zip	<u>X</u> Change ___ Addition 33611
Title Name Street Address City-St-Zip	PD MCNAMARA, PATRICK J 5803 GORDON AVE TAMPA FL 33611	Title Name Street Address City-St-Zip	___ Change ___ Addition
Title Name Street Address City-St-Zip	SD CALDEVILLA, DAVID N 9734 N ARZENIA AVE TAMPA FL 33612	Title Name Street Address City-St-Zip	<u>X</u> Change ___ Addition CALDEVILLA, DAVID M 9734 N ARMENIA AVE
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	D ___ Change <u>X</u> Addition CHRISTALDI, RONALD A 2914 SAN NICHOLAS STREET TAMPA FL 33629