

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F80456

Entity Name  
LAPORTE ELECTRIC, INC.

FILED  
Mar 07, 2000 8:00 am  
Secretary of State  
03-07-2000 90085 017 \*\*\*150.00

Principal Place of Business	Mailing Address
CARROLLWOOD DR. FL 33618	10702 CARROLLWOOD DR. TAMPA FL 33618-4204 US

Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2195313	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAPORTE, WAYNE M 10702 CARROLLWOOD DR. TAMPA FL 33618	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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. <input type="checkbox"/> \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PTS LAPORTE, WAYNE M 10702 CARROLLWOOD DR TAMPA FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP
V LAPORTE, SUSAN DUNKLE 10702 CARROLLWOOD DR. TAMPA FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 I ke empowered.

SIGNATURE: 	DATE: FEB. 28, 2000	DAYTIME PHONE #: (813) 932-5616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)