2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 02, 2001 8:00 am Secretary of State **DOCUMENT # F80456** 1. Entity Name LAPORTE ELECTRIC, INC. 02-02-2001 90295 047 ***150.00 Principal Place of Business Mailing Address 10702 CARROLLWOOD DR. 10702 CARROLLWOOD DR. TAMPA FL 33618 TAMPA FL 33618 2. Principal Place of Business 3. Mailing Address Same Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEi Number 59-2195313 -ut2 Not Applicable Zip Country \$8.75 Additional 3540 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name LAPORTE, WAYNÉ M Street Address (P.O. Box Number is Not Acceptable) 10702 CARROLLWOOD DR. **TAMPA FL 33618** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITI F LAPORTE, WAYNE M NAME 906 Lake Sapphire Ln. Lutz, Pl 33549 STREET ADDRESS 10702 CARROLLWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** Delete TITLE TITLE LAPORTE, SUSAN DUNKLE NAME NAME 906 Lake Sapphire Ln Lutz, FV 33549 STREET ADDRESS STREET ADDRESS 10702 CARROLLWOOD DR. CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33618** Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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: When the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: When the information is calculated in the information indicated in the information indicated

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

Date Daytime Phone