

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # **F80456** ✓
 1. Entity Name
LaPorte Electric, Inc



FILED
 03 AUG 14 PM 12:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

900022631449
 08/28/03--01025--011 **\$61.25
 DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
906 Lake Sapphire Ln
 Suite, Apt. #, etc.

3. Mailing Address
Same
 Suite, Apt. #, etc.

City & State
Lutz, FL

City & State

Zip
33548

Country
USA

4. FEI Number **59-2195313**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Wayne M. LaPorte**

Street Address (P.O. Box Number is Not Acceptable)
906 Lake Sapphire Lane

City **Lutz** State **FL** Zip Code **33548**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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			
TITLE	P/S	TITLE	
NAME	Wayne M. LaPorte	NAME	
STREET ADDRESS	906 Lake Sapphire Lane	STREET ADDRESS	
CITY-ST-ZIP	Lutz, FL 33548	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Susan Dunkle LaPorte	NAME	
STREET ADDRESS	906 Lake Sapphire Lane	STREET ADDRESS	
CITY-ST-ZIP	Lutz, FL 33548	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Nicholas W. LaPorte	NAME	
STREET ADDRESS	906 Lake Sapphire Lane	STREET ADDRESS	
CITY-ST-ZIP	Lutz, FL 33548	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered persons.

SIGNATURE: *Wayne M. LaPorte* **Wayne M. LaPorte** August 11, 2003 **(813) 3766714**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)