

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013087

1. Entity Name

DEETEE ELECTRIC, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90325 012 ***150.00

Principal Place of Business 5302 VAN BUREN ROAD DELRAY BEACH FL 33484 6070 BIRCH TREE TER. LAKE WORTH, FLA 33467	Mailing Address 5302 VAN BUREN ROAD DELRAY BEACH FL 33484 6070 BIRCH TREE TER. LAKE WORTH, FLA 33467
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2. Principal Place of Business 6070 BIRCH TREE TER Suite, Apt. #, etc.	3. Mailing Address 6070 BIRCH TREE TER Suite, Apt. #, etc.
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City & State LAKE WORTH FLA	City & State LAKE WORTH FLA
Zip 33467	Zip 33467
Country USA	Country USA

4. FEI Number 65-0406826	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TIRPAK, DOUGLAS M
5302 VAN BUAREN ROAD
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name
TIRPAK DOUGLAS M
Street Address (P.O. Box Number is Not Acceptable)
6070 BIRCH TREE TER
LAKE WORTH, FLA.
City
FL Zip Code
33467

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRPAK, DOUGLAS M 5302 VAN BUREN ROAD DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Douglas M Tirpak 4-25-00 561 702 6561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)