

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90031 026 ***150.00

DOCUMENT # P97000050441

1. Entity Name

SUMMIT CONTRACTORS OF TAMPA BAY, INCORPORATED

Principal Place of Business

10702 CARROLLWOOD DR.
TAMPA FL 33618

Mailing Address

10702 CARROLLWOOD DR.
TAMPA FL 33618

2. Principal Place of Business

906 Lake Sapphire Ln

3. Mailing Address

same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

4. FEI Number **59-3451955**

Applied For

Not Applicable

Zip

33549

Country

USA

Zip

Country

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

LAPORTA, WAYNE M.
10702 CARROLLWOOD DRIVE
TAMPA FL 33618

Name

Wayne M. LaPorte

Street Address (P.O. Box Number is Not Acceptable)

906 Lake Sapphire Lane

City

Lutz

FL

Zip Code

33549

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

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PSTD
STREET ADDRESS LA PORTE, WAYNE M
CITY-ST-ZIP 10702 CARROLLWOOD DR.
TAMPA FL 33618

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 906 Lake Sapphire Ln.
CITY-ST-ZIP Lutz, FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wayne M. LaPorte President 1/29/01 813 695-3515

CR2E034 (10/00)