

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68365

1. Entity Name

CIRCUIT CONCEPTS, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90034 008 ***158.75

Principal Place of Business

14201 58TH ST. NORTH
CLEARWATER FL 33760

Mailing Address

14201 58TH ST. NORTH
CLEARWATER FL 33760

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2579700

Applied For

Not Applicable

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

RUBIN, LESLIE A
15201 ROOSEVELT BLVD.
SUITE 112
CLEARWATER FL 33760

Name

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

City

FL

Zip Code

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

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

RICHARD E. BARNARD
(NOTE: Registered Agent signature required when reinstating)

4-10

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 TS ☐ Delete
NAME RUBIN, LESLIE A.
STREET ADDRESS 3026 OAKMONT DRIVE
CITY-ST-ZIP CLEARWATER FL 33761

TITLE TS - DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME J. CLARK BOWLING
STREET ADDRESS 1861 EDGEWATER DR
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT & DIRECTOR ☐ Change ☒ Addition
NAME RICHARD E. BARNARD
STREET ADDRESS 9876 INDIAN KEY TRAIL
CITY-ST-ZIP SEMINOLE, FL 33776

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

4-10-01

Date

727 535 0561

Daytime Phone #

CR2E034 (10/00)