

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007776**

1. Entity Name  
**TRANS-PACIFIC CAPITAL TECHNOLOGIES, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 PM 12: 08

Principal Place of Business  
13535 FEATHER SOUND DRIVE, SUITE 200  
CLEARWATER FL 33762

Mailing Address  
13535 FEATHER SOUND DRIVE, SUITE 200  
CLEARWATER FL 33762-5313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**33920 US Hwy 19N**

3. Mailing Address  
**33920 US Hwy 19N**

Suite, Apt. #, etc.  
**Suite 325**

Suite, Apt. #, etc.  
**Suite 325**

City & State  
**Palm Harbor, FL**

City & State  
**Palm Harbor, FL**

Zip  
**34684**

Country  
**USA**

Zip  
**34684**

Country  
**USA**

4. FEI Number  
**36-4327401**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BURKE, DAVID P**  
**777 S. HARBOUR ISLAND BLVD.**  
**TAMPA FL 33602-5799**

7. Name and Address of New Registered Agent

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 DATE **2/17/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE **Operations Manager**  Delete  
NAME **Carol Bierbaum**  
STREET ADDRESS **33920 US Hwy 19N # 325**  
CITY-ST-ZIP **Palm Harbor, FL 34684**

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **ny. 3/2/00**

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  
**500003161405-05**  
**-03/07/00--01103--010**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE **2/17/00** 727 771-7677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)