

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**  
 02-05-2001 90131 039 \*\*\*150.00

**DOCUMENT # P95000092053**

1. Entity Name  
**TRANS/CIRCUITS, INC.**

Principal Place of Business

661-40TH ST SOUTH  
 ST. PETERSBURG FL 33711  
 US

Mailing Address

P O BOX 60545  
 ST. PETERSBURG FL 33784  
 US

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 **59-3352220**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LALIBERTE, PAUL E  
 661-40TH ST. SOUTH  
 ST. PETERSBURG FL 33711

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 *Paul E. Laliberte*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-31-01**

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	D	<input type="checkbox"/> Delete
NAME	LALIBERTE, PAUL E	
STREET ADDRESS	11732 MARLA LANE	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKUZ, STEPHEN J	
STREET ADDRESS	2207 BAY BOUVELVARD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE	D	<input type="checkbox"/> Delete
NAME	LALIBERTE, JOSEPH E	
STREET ADDRESS	7965-9TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPEIGHT, REBECCA A	
STREET ADDRESS	5906 BOSTON DRIVE	
CITY-ST-ZIP	FALLS CHURCH VA 22041	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)