

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90205 037 \*\*\*150.00

**DOCUMENT # F97000001344**

1. Entity Name  
**TECHMARK CONCEPTS, INC.**



Principal Place of Business  
**1435 HILLS PL.  
ATLANTA GA 30318**

Mailing Address  
**1435 HILLS PL.  
ATLANTA GA 30318**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2203806**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROSENQUIST, JOHN W.  
ROSENQUIST JOHN W  
9901 SATELLITE BLVD STE B  
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name **Rosenquist, John W.**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Not a new agent - Just a correction of a misspelled name  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CPST	<input type="checkbox"/> Delete
NAME	BROWN, STEPHEN L	
STREET ADDRESS	200 COLMIAC HOMES I,STE 106	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROSENQUIST, JOHN W	
STREET ADDRESS	625 RIVERPARK CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PROCTOR, JIM	
STREET ADDRESS	9850 STATE BRIDGE RD	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPEROS, HARRY	
STREET ADDRESS	3703 MIMICA TRAIL	
CITY-ST-ZIP	CRYSTAL LAKE IL 60014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4602 IVY Gate Circle	
CITY-ST-ZIP	Smyrna, GA 30080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2782 Lovejoy Circle	
CITY-ST-ZIP	Duluth, GA 30097	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3703 Monica Trail	
CITY-ST-ZIP	Crystal Lake, IL 60014	
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		

12. 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 10 or Block 11 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 #

4/2/03

407  
816-0755

CR2E034 (10/02)