

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90059 036 ***150.00

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DOCUMENT # P00000054175

1. Entity Name
TECHSVCTRAIN, INC.



Principal Place of Business
**3934 CHARTER HOUSE DRIVE
JACKSONVILLE FL 32224**

Mailing Address
**3934 CHARTER HOUSE DRIVE
JACKSONVILLE FL 32224**

2. Principal Place of Business
12934 BIGGIN CHURCH RD., S.

3. Mailing Address
12934 BIGGIN CHURCH RD., S.

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
JACKSONVILLE, FLORIDA

City & State
JACKSONVILLE, FLORIDA

Zip
32224-7912

Country
USA

Zip
32224-7912

Country
USA

4. FEI Number
59-3649806

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ARCHER, JOHN R
3934 CHARTER HOUSE DRIVE
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name **ARCHER, JOHN R.**
Street Address (P.O. Box Number is Not Acceptable)
12934 BIGGIN CHURCH RD., S.
City **JACKSONVILLE** FL Zip Code **32224-7912**

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 *John R. Archer* **JOHN R. ARCHER** **JANUARY 11, 2003**
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 NAME STREET ADDRESS CITY-ST-ZIP	D ARCHER, JOHN R 3934 CHARTER HOUSE DRIVE JACKSONVILLE FL 32224 - 7912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12934 BIGGIN CHURCH RD. S.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John R. Archer* **JOHN R. ARCHER** **1/11/2003** **904-223-7737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)