

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90478 047 \*\*\*150.00

0445790 AV

**DOCUMENT # P96000057399**

1. Entity Name  
**LANMARK COMPUTER CONCEPTS, INC.**



Principal Place of Business  
**1727 WOODPOND WAY  
LUTZ FL 33549**

Mailing Address  
**1727 WOODPOND WAY  
LUTZ FL 33549**



2. Principal Place of Business  
**24008 STATE Road 54**  
Suite, Apt. #, etc.

3. Mailing Address  
**24008 STATE Road 54**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Lutz Florida**  
Zip  
**33559**  
Country  
**Prasco**

City & State  
**Lutz Florida**  
Zip  
**33559**  
Country  
**Prasco**

4. FEI Number **59-3392414**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**EVANS, MARK P  
1727 WOODPOND WAY  
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**24008 STATE Road 54**  
City **Lutz** FL Zip Code **33559**

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 *Mark P. Evans* **PRESIDENT** **4/28/03**  
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 <b>PT</b>	<input type="checkbox"/> Delete
NAME <b>EVANS, MARK P</b>	
STREET ADDRESS <b>1727 WOODPOND WAY</b>	
CITY-ST-ZIP <b>LUTZ FL 33549</b>	
TITLE <b>VS</b>	<input type="checkbox"/> Delete
NAME <b>EVANS, DONNA R</b>	
STREET ADDRESS <b>1727 WOODPOND WAY</b>	
CITY-ST-ZIP <b>LUTZ FL 33549</b>	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PRESIDENT, TREASURER &amp; SEC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>24008 STATE Road 54</b>	
CITY-ST-ZIP <b>Lutz FL 33559</b>	
TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>24008 STATE RD 54</b>	
CITY-ST-ZIP <b>LUTZ, FL 33559</b>	
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	

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: *Mark P. Evans* **SIGNATURE REQUIRED** **4/28/03** **(813) 949-4040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)