

DOCUMENT # P99000096686

1. Entity Name  
TECHSMART, INC.

R

Principal Place of Business  
219B EASTPARK DR.  
CELEBRATION FL 34747

Mailing Address  
219B EASTPARK DR.  
CELEBRATION FL 34747

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -9 AM 11:13



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Celebration, FL

4. F.E.L. Number

59-3605388

Applied For

Not Applicable

Zip

Country

Zip

Country

34742

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIELSEN, ROBERT  
219B EASTPARK DR.  
CELEBRATION FL 34747

Name: Monica Quesada  
Street Address (P.O. Box Number is Not Applicable): 219 East Park Drive  
City: Celebration FL Zip Code: 34747

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retaking)

DATE

FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	NIELSEN, ROBERT	219B EASTPARK DR.	CELEBRATION FL 34747	<input type="checkbox"/>
	Quesada, Monica	8128100	407-566-0325	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Monica Quesada	219 Eastpark Drive	Celebration, FL 34747	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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-10/12/00--01037--018  
\*\*\*150.00 Change\*\*\*150.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/19/2000 407-566-0325

Signature for Robert Nielsen

CR 12034 (5/00)

P99 0000 96686  
B0104992



Date: July 18, 2000

From: Robert Nielsen  
P 99 0000 96686  
TechSmart, Inc.  
219 Eastpark Drive  
Celebration, FL 34747  
407-566-0323

To: Florida Dept of State  
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Please find the enclosed check for \$150.00 for the renewal of the corporation annual report. ~~I never received a first notice packet for filing earlier this year. However I was disappointed to see I was late in my civic duty as a corporation owner.~~ Please accept my sincere apology, as this is my first time being a business owner. I will assure that I will not be late again and if I am I will accept the consequences.

I am therefore asking that you accept the amount of \$150.00 for the annual report fee.

Please feel free to call me if you have any further questions at (407-566-0323).

Sincerely,

Robert Nielsen  
TechSmart, Inc.