2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36665

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name
TECH-MARK, CORPORATION

Principal Place of Business	Mailing Address
710 E. MICHIGAN ST. #45 ORLANDO FL 32806 US	710 E. MICHIGAN ST. #45 ORLANDO FL 32806 US

2. Principal Place of Business	3. Mailing Address
TECH-MARK CORP.	4749 Larchmont Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando Fl
Zip / Country	Zip: 32821 / Country: USA

4. FEI Number 65-0248048 ☐ Applied For ☐ Not Applicable

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
ESCALONI, JACK 710 E. MICHIGAN ST. #45 ORLANDO FL 32806	Name: Escaloni, Jack Street Address (P.O. Box Number is Not Acceptable): ~~710 E Michigan St~~ 4749 Larchmont Ct City: Orlando FL Zip Code: 32821

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: J Escaloni
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 $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	PD ESCALONI, JACK 710 E. MICHIGAN ST. #45 ORLANDO FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pd Escaloni, Jack 4749 Larchmont Ct Orlando, Fl 32821 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003361898--6 -08/18/00--01039--023 ****150.00 ****150.00
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CR2E034 (5/00)

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 all other like empowered.

SIGNATURE: SIGNATURE: J Escaloni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JACK ESCALONI
4749 Larchmont Ct.
ORLANDO, FL 32821
Phone: 407 352-8185 Fax: 407 352-0091

To: Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Ref. Doc. No S36665

As instructed by one of your officers we apologize for our late filing due to not having received your 2000 Uniform Business Report mailed before to us.

We are attaching a check for USD150.00

Thank you.
Jack Escaloni