

# 2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # S36665

1. Entity Name

TECH-MARK, CORPORATION

FILED

00 AUG -2 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

710 E. MICHIGAN ST.  
#45  
ORLANDO FL 32806  
US

Mailing Address

710 E. MICHIGAN ST.  
#45  
ORLANDO FL 32806  
US

2. Principal Place of Business

TECH-MARK CORP.

3. Mailing Address

4749 Larchmont Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

Country

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

ESCALONI, JACK  
710 E. MICHIGAN ST.  
#45  
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

Escaloni, Jack

Street Address (P.O. Box is Not Acceptable)

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

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

TITLE PD  
NAME ESCALONI, JACK  
STREET ADDRESS 710 E. MICHIGAN ST. #45  
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Escaloni, Jack  
STREET ADDRESS 4749 Larchmont Ct  
CITY-ST-ZIP Orlando, FL 32821

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

800003361898--6  
-08/18/00--01039--023  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (5/00)

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

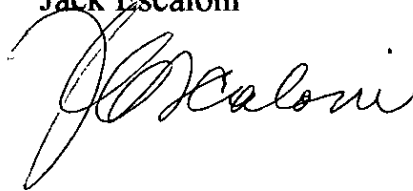
To: Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

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

A handwritten signature in cursive script, appearing to read 'J Escaloni', written in black ink.