

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90201 034 \*\*\*158.75

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**DOCUMENT # P00000062577**

1. Entity Name  
**SYSTEM-LINK TECHNOLOGY, INC.**



Principal Place of Business  
**1402 ROYAL PALM BEACH BLVD  
SUITE 102  
ROYAL PALM BEACH FL 33411**

Mailing Address  
**14072 79TH COURT NORTH  
LOXAHATCHEE FL 33470**

**90010867**



2. Principal Place of Business

3. Mailing Address  
**P.O. BOX 212286**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Royal Palm Beach FL**

4. FEI Number  
**65-1032332**

Applied For  
Not Applicable

Zip

Country

Zip  
**33421**

Country  
**USA**

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MORGAN, ELWIN  
14072 79TH COURT NORTH  
LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name  
**AUBIN WADE ROBINSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**505 ROYAL PALM BEACH BLVD**  
City  
**ROYAL PALM BEACH FL** Zip Code  
**33411**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1/17/2003**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVTS  
MORGAN, ELWIN  
14072 79TH COURT N  
LOXAHATCHEE FL 33470** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVTS.  
ELWIN MORGAN  
130 PRESTIGG DRIVE  
ROYAL PALM BEACH, FL 33411** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-03 (561) 753-8824**  
Date Daytime Phone #

CR2E034 (10/02)