## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000097463 **DOCUMENT #**



## **FILED** Mar 20, 2003 8:00 am Secretary of State

NAME STEENBUF, BERNDRO 2011 PALM GROST DR BOCA RATON FL 33428    Delete	1. Entity Na	<sup>Me</sup> IT-LINK MANAGEMEN	NT CO. INC. II					03-20-2003 90	0127 014 ***	<b>ʻ</b> 150.	00	
Suite, Apt. #. etc.   Suite, Apt. #. etc.   GHECK HERE IF MAKING CHANGES    City & State   4. FE Number 65-1051064   Applicable    Applicable    Applicable   Applicable    Applicabl	22011 PALM	GRASS DR.	22011	22011 PALM GRASS DR.								
City & State  City City & State  City & Stat	2. Principal	Place of Business	3. Mail	ing Address		7.720	_					
Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additions   \$9.75 A	Suite, Apt	t. #, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
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STEINLAUF, BERNARD 2011 PALM GRASS DR. BOCA RATON FL 33428  City FL Zip Code  A. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and a		6. Name and Address of	Current Registere	d Agent	<u> </u>		7. Name and	Address of New Reg	istered Agent			
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)						lame						
S. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    STEEL NOW!!! FEE IS \$150.00	22011 PALM GRASS DR.					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Committee	BOCA RA	TON FL 33428										
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section (19.07(3)(i), Florida Statutes. I further certify that the information indicated on this ground or supplied with this filling does not qualify for the exemption stated in Section (19.07(3)(i), Florida Statutes. I further certify that the information			<u>-</u>									

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, Forida 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: