2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000077916 IT MANAGEMENT, INC. Case	UN	ILOKW BOZINE	55 KEPOK	TU	IRK)	n ÉlÏ.ED	
Principal Place of Business 225 W HILLSORD BLVD #207 DERFIELD BCH FL 33442 2. Principal Place of Business Suite, Apt. #, etc. City & State City &	1. Entity Name						
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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 accellate the obligations of registered agent. SIGNATURE Signature, special or printed name of registered agent and 16th applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE OFFICERS AND DIRECTORS IN 11 TILE OFFICERS AND DIRECTORS IN 11 TILE OFFICERS AND DIRECTORS IN 11 COLUMAN, ANTHONY G JR SIRET ADDRESS ON'S-12P Delete ITILE MANE SIRET ADDRESS ON'S-12P TILE Charles Verified to the information and	DEERFIELD BCH FL 33442						
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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 enabowered to execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapted or on a strephenoty with a section of the corporation of the corporation of the corporation of the receiver or trustee enabowered to execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter of the corporation of the receiver or trustee enabovered to execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter of the receiver of the receiver or trustee enabovered to execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter of the receiver of trustee enabovered to execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter of the receiver of the re			· - <u></u>		l l		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #