

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
 03-06-2001 90333 037 ***150.00

DOCUMENT # P98000056066

1. Entity Name

SMARTLINK CONSULTING, INC.

Principal Place of Business

**816 CHRISTINA CIR
 OLSMAR FL 34698
 US**

Mailing Address

**816 CHRISTINA CIR
 OLSMAR FL 34698
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

City & State

OLDSMAR, FL

Zip

34677

Country

Zip

34677

Country

4. FEI Number **59-3517557**

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

**STEFFENSMEIER, HOWARD J
 834 CHRISTINA CIR.
 OLSMAR FL 34698**

Name

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

City

FL

Zip Code

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 Howard J Steffensmeier **HOWARD J STEFFENSMEIER** PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

01/11/01

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **PD** ☐ Delete
 NAME **STEFFENSMEIER, HOWARD J**
 STREET ADDRESS **816 CHRISTINA CIR**
 CITY-ST-ZIP **OLSMAR FL 34698**

TITLE **PD** ☒ Change ☐ Addition
 NAME **STEFFENSMEIER, HOWARD J**
 STREET ADDRESS **816 CHRISTINA CIR**
 CITY-ST-ZIP **OLSMAR, FL 34677**

TITLE **D** ☐ Delete
 NAME **STEFFENSMEIER, NICOLE P**
 STREET ADDRESS **816 CHRISTINA CIR**
 CITY-ST-ZIP **OLSMAR FL 34698**

TITLE **D** ☒ Change ☐ Addition
 NAME **STEFFENSMEIER, NICOLE P**
 STREET ADDRESS **816 CHRISTINA CIR**
 CITY-ST-ZIP **OLSMAR, FL 34677**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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: Howard J Steffensmeier **HOWARD J STEFFENSMEIER**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/01

Date

813 855-6288

Daytime Phone #

CR2E034 (10/00)