2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000164

1. Entity Name

STREAMLINE MORTGAGE AND FINANCIAL SERVICES OF FL

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:20

Principal Place of Business	Mailing Address
945 CARRICK BEND CIRCLE. #201 NAPLES FL 34410	945 CARRICK BEND CIRCLE. #201 NAPLES FL 34110-3635

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3461 Bonita Bay Blvd	3461 Bonita Bay Blvd
Suite/ Apt. #, etc. 201	Suite/ Apt. #, etc. 201
City & State Bonita Springs FL	City & State Bonita Springs FL
Zip 34134 Country Lee	Zip 34134 Country Lee

4. FEI Number 34-3553850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Arturo Guido Street Address (P.O. Box Number is Not Acceptable) 945 Carrick Bend Cir #201 City Naples FL Zip Code 34110

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 _____ Arturo Guido 4/15/00
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

BLT

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MGRM MGR GUIDO, ARTURO V 945 CARRICK BEND CIRCLE, #201 NAPLES FL 34410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 34110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGRM Victoria Guido 945 Carrick Bend Cir #201 Naples FL 34110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2EO16 (01/97)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE Arturo Guido 4/15/00 941-947-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #