

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074378

1. Entity Name
FLOWSTREAM, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90013 032 ***150.00

Principal Place of Business

31055 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

31055 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

744419



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

334 E. LAKE DRIVE

3. Mailing Address

334 E. LAKE DRIVE

Suite, Apt. #, etc.

#173

Suite, Apt. #, etc.

#173

City & State

PALM HARBOR

City & State

PALM HARBOR

4. FEI Number

59-3662244

Applied For

Not Applicable

Zip

34685

Country

USA

Zip

34685

Country

USA

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

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER FL 33756

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME **D**
STREET ADDRESS **BRUSH, DAVID A**
CITY-ST-ZIP **31055 U.S. HIGHWAY 19 NORTH**
PALM HARBOR FL 34684

TITLE ☐ Change ☐ Addition
NAME **DAVID A. BRUSH**
STREET ADDRESS **334 E. LAKE DRIVE, #173**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)