2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000115462 **DOCUMENT #**

1. Entity Name

STREAMLINED SOLUTIONS, INC.



FILED Mar 27, 2003 8:00 am Secretary of State
03-27-2003 90063 029 ***150.00

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Principal Place of Business 5626 WAR ADMIRAL DRIVE WESLEY CHAPEL FL 33544		5626 WAR AD	Mailing Address 5626 WAR ADMIRAL DRIVE WESLEY CHAPEL FL 33544							
2. Principal P	lace of Business	3. Mailing Add	3. Mailing Address			: -1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[1]	IBA BARAN DADAD I		
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State	City & State			4. FEI Number 59-3758842			plied For t Applicable	
Zip Country		Zip	Zip Coun		5.	Certificate of Status Desired		8.75 Add ee Required	itional	
	6. Name and Address of Cui	rent Registered Agent	egistered Agent		~~~7~	Name and Address of New	Registered Ag	rent		
				Name						
	S, CHRISTOPHER				Street Address (P.O. Box Number is Not Acceptable)					
5626 WAR ADMIRAL DRIVE WESLEY CHAPEL FL 33544									:	
•							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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign F Trust Fund Contributi	on.	Added	May Be to Fees	
10.	OFFICERS	AND DIRECTORS	11	l	A[DDITIONS/CHANGES TO OF	FICERS AND I	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cutchens, Christopher 5626 War Admiral Drive Wesley Chapel Fl 33544		NA St	TLE AME REET ADDRESS TY-ST-ZIP				☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		NA ST	TLE NME REET ADDRESS TY-ST-ZIP				Change	Addition	
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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 empowered to execute this report as required by Chapter 607, Florida 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: