

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005835

1. Entity Name

STREAMLINE FINANCIAL, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90123 029 ***150.00

Principal Place of Business

2025 MASSACHUSETTS AVE.
ST PETERSBURG FL 33703
US

Mailing Address

204 37TH AVE NE
205
ST PETERSBURG FL 33704-1510
US

2. Principal Place of Business

2101 16th Street North

Suite, Apt. #, etc.

3. Mailing Address

2101 16th Street North

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3420367

Applied For

Not Applicable

Zip

Country

33704

Pineellas

Zip

Country

33704

Pineellas

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

BJURMARK, KIMBERLY

204 37TH AVE NE

205

ST PETERSBURG FL 33704

Name

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

2101 16th Street North

City

St. Petersburg

FL

Zip Code

33704

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	KIMBERLY BJURMARK	
STREET ADDRESS	2023 MASSACHUSETTS AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

727-502-9459

Daytime Phone #

CR2E034 (9/99)