

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005835

1. Entity Name
STREAMLINE FINANCIAL, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90265 019 ***150.00

Principal Place of Business

2101 16TH STREET NORTH
SAINT PETERSBURG FL 33704
US

Mailing Address

2101 16TH STREET NORTH
SAINT PETERSBURG FL 33704
US

2. Principal Place of Business

2025 Massachusetts Ave NE

Suite, Apt. #, etc.

3. Mailing Address

2025 Massachusetts Ave NE

Suite, Apt. #, etc.

City & State

St Petersburg FL

Zip

33703

Country

U.S.

City & State

St Petersburg FL

Zip

33703

Country

U.S.

4. FEI Number

59-3420367

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BJURMARK, KIMBERLY
2101 16TH STREET NORTH
ST PETERSBURG FL 33704

Name

2025 Massachusetts Ave NE
St Petersburg FL 33703

City

FL

Zip Code

7. Name and Address of New Registered Agent

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)

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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

TITLE P
NAME KIMBERLY BJURMARK
STREET ADDRESS 2025 MASSACHUSETTS AVE. 2025
CITY-ST-ZIP ST. PETERSBURG FL 33703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

4/14/01

Date

727-525-8623

Daytime Phone #

CR2E034 (10/00)