

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038188

1. Entity Name

COMMON STREAM, INC.

Principal Place of Business

5203 NORTH 15TH STREET
TAMPA FL 33610

Mailing Address

5203 NORTH 15TH STREET
TAMPA FL 33549-5542

2. Principal Place of Business

2418 REGAL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2418 REGAL DRIVE

Suite, Apt. #, etc.

City & State

LVTZ FL

City & State

LVTZ FL

Zip

33549

Country

USA

Zip

33549

Country

USA

6. Name and Address of Current Registered Agent

DUFOUR, GEORGE A
4610 CENTRAL AVE.
TAMPA FL 33603

7. Name and Address of New Registered Agent

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, BETH A	
STREET ADDRESS	5203 NORTH 15TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, JUDITH A	
STREET ADDRESS	5203 NORTH 15TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETH A. MORRIS	
STREET ADDRESS	2418 REGAL DRIVE	
CITY-ST-ZIP	LVTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH A. HENRY	
STREET ADDRESS	2418 REGAL DRIVE	
CITY-ST-ZIP	LVTZ FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Judith A. Henry

JUDITH A. HENRY

1-10-00

813 94 8612D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A0006246



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)