

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102321

1. Entity Name

SMARTSTREAM INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90042 043 \*\*\*150.00

Principal Place of Business <del>13051 BENT PINE CT EAST</del> <del>JACKSONVILLE FL 32246-4174</del> 9471 BAYMEADOWS RD. STE 105 JACKSONVILLE, FL. 32256	Mailing Address <del>13051 BENT PINE CT EAST</del> <del>JACKSONVILLE FL 32246-4174</del> 9471 BAYMEADOWS RD. STE 105 JACKSONVILLE, FL. 32256
--	--

2. Principal Place of Business 9471 BAYMEADOWS RD. Suite, Apt. #, etc. SUITE 105 City & State JACKSONVILLE, FL.	3. Mailing Address 9471 BAYMEADOWS RD. Suite, Apt. #, etc. SUITE 105 City & State JACKSONVILLE, FL.
--	--

Zip 32256	Country DUMALL	Zip 32256	Country DUMALL
--------------	-------------------	--------------	-------------------

4. FEI Number  
59-3547853

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NICHOLS, JAMES C  
13051 BENT PINE CT EAST  
JACKSONVILLE FL 32246-4174

7. Name and Address of New Registered Agent

Name  
JAMES C. NICHOLS  
Street Address (P.O. Box Number is Not Acceptable)  
9471 BAYMEADOWS RD. SUITE 105  
City  
JACKSONVILLE FL Zip Code  
32256

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 Robert A. Thompson, CEO

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

(NOTE: Registered Agent signature required when reinstating)

1/7/00  
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 NAME STREET ADDRESS CITY-ST-ZIP	CEO ROBERT A. THOMPSON 1750N. SWIMMING SALMON PL. JACKSONVILLE, FL. 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES C. NICHOLS 13051 BENT PINE CT. EAST JACKSONVILLE, FL. 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VICARIO</del> WILLIAM J. GRAHAM 9471 BAYMEADOWS RD STE 105 JACKSONVILLE, FL. 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert A. Thompson ROBERT A. THOMPSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00  
Date

904-448-0999  
Daytime Phone #