

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000102321**1. Entity Name
SMARTSTREAM INC.

Principal Place of Business	Mailing Address
9471 BAYMEADOWS ROAD	9471 BAYMEADOWS ROAD
SUITE 105	SUITE 105
JACKSONVILLE FL	JACKSONVILLE FL
32256	32256

2. Principal Place of Business	3. Mailing Address
13500 SUTTON PARK DR. S	13500 SUTTON PARK DR. S

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 701	SUITE 701

City & State	City & State
JACKSONVILLE FL	JACKSONVILLE FL

Zip	Country	Zip	Country
32224		32224	

4. FEI Number	Applied For
59-3547853	<input type="checkbox"/> Not Applicable

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
9471 BAYMEADOWS ROAD SUITE 105

JACKSONVILLE FL
32256

7. Name and Address of New Registered Agent

Name
NICHOLS JAMES C
Street Address (P.O. Box Number is Not Acceptable)
13500 SUTTON PARK DR. S
701
City
JACKSONVILLE FL
Zip Code
32224

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 **JAMES C. NICHOLS****01/19/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	CIO	<input type="checkbox"/> Delete
NAME	GRAHAM WILLIAM J	
STREET ADDRESS	9471 BAYMEADOWS ROAD SUITE 105	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	P	<input type="checkbox"/> Delete
NAME	NICHOLS JAMES C	
STREET ADDRESS	13051 BENT PINE COURT EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

TITLE	CEO	<input type="checkbox"/> Delete
NAME	THOMPSON ROBERT A	
STREET ADDRESS	1750 N SWIMMING SALMON PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

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	CIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM WILLIAM J	
STREET ADDRESS	3900 OLDFIELD CROSSING DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS JAMES C	
STREET ADDRESS	12377 BURGESS HILL DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

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		

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: Robert A. Thompson**CEO 01/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)