FILED

2002 Uniform Business Report (UBR)

Mar 12, 2002 8:00 am Secretary of State DOCUMENT # P99000004432 1. Entity Name 03-12-2002 91008 050 ***150 00 STREAMLINE ENTERPRISES OF TAMPA BAY, INC. Principal Place of Business Mailing Address 1716 RANCHWOOD DR. S. 1716 RANCHWOOD DR. S. **DUNEDIN FL 34698 DUNEDIN FL 34698** 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3553767 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GUERRERO, ANTHONY** Street Address (P.O. Box Number is Not Acceptable) 1716 RANCHWOOD DR. S. **DUNEDIN FL 34698** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 .9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) ☐ Addition TITLE TITLE Change Delete **GUERRERO. ANTHONY** NAME NAME 1716 RANCHWOOD DR. S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME **GUERRERO, LORI** NAME STREET ADDRESS 1716 RANCHWOOD DR. S. STREET ADDRESS CITY-ST-7IP CITY-ST-7IF **DUNEDIN FL 34698** ☐ Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZĪP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 frustee 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 attachmen

SIGNATURE:

an address, with all other