## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P99000028370 1. Entity Name STREAMLINE PROPERTY MANAGEMENT, INC. 01-31-2001 90292 042 \*\*\*150.00 Principal Place of Business Mailing Address 760 E. ROAD 760 E. ROAD LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 Ellflagaa 2. Principal Place of Business 3. Mailing Address 15088 15088 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0907189 ROYAL Palm Bunch Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33412 4.5 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Batcheler BERNOLA, AUGUST Street Address (P.O. Box Number is Not Acceptable) 760 E ROAD LOXAHATCHEE FL 33470 15088 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE Delete TITI F Change ☐ Addition BAtcheler SCAN 15088 88th PL N **BERNOLA, AUGUST** NAME NAME STREET ADDRESS STREET ADDRESS 760 E RD CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL 33470 ROYAL PALM BLACK **⊠** Delete Vice President ☐ Addition TITLE TITLE Bernola August BATCHELER, SEAN R NAME NAME Rd. STREET ADDRESS 740 E STREET ADDRESS 760 E RD CITY-ST-ZIP 33470 CITY-ST-7IP LOXAHATCHEE FL 33470 LoxAlatchee ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August Bernola 1/75/01 561-795-3610

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:

FILED