## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000061922 **DOCUMENT #**

1. Entity Name

STREAMLINE MARKETING INC.



**FILED** Feb 19, 2003 8:00 am Secretary of State

02-19-2003 90166 013 \*\*\*150.00

Principal Place of Business 1956 SW STRATFORD WAY PALM CITY FL 34990		Mailing Address 1956 SW STRATFORD WAY PALM CITY FL 34990				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 65-0935963	Applied For Not Applicable
Zip 	Country	Zip	.   3001111,		5. Certificate of Status Desired	\$8.75 Additional
6. Na	ame and Address of Cu	urrent Registered Agent			7. Name and Address of New Registered A	
WOLF, BRUCE T				Nāme		
1956 SW STRATE	ORD WAY		Street Address		(P.O. Box Number is Not Acceptable)	
PALM CITY FL 34	990					
· · · · · · · · · · · · · · · · · · ·				City	FL	Zip Code
the obligations of re	ntity submits this statem gistered agent,	nent for the purpose of chang	ging its registere	ed office or registere	ed agent, or both, in the State of Florida. I am fa	miliar with, and accept
SIGNATURE:	TIM					
Signature, ty	ped or printed name of registered	d agent and title if applicable.	(NOTE: Registered	d Agent signature required v	when reinstating) DATE	<del></del>
	V!!! FEE IS \$150.00 2003 Fee will be \$550				9. Election Campaign Financing	<b>\$5.00</b> May Be
Make Check Payable to Florida Department of State					Trust Fund Contribution.	Added to Fees
10						l

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition WOLF, BRUCE T NAME NAME STREET ADDRESS 1956 SW STRATFORD WAY STREET ADDRESS PALM CITY FL 34990 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME

12. 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 10 or Block 11 if

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772 - 220-9703