

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080218

1. Entity Name
SWIFT STREAM CORP.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90066 025 ***150.00

Principal Place of Business
10595 SEMINOLE BLVD
LARGO FL 33778

Mailing Address
10595 SEMINOLE BLVD
LARGO FL 33778

000126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3597971**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARNIK, STEVE S
5108 TENNIS COURT CIRCLE
TAMPA FL 33617

Name Steve S Sharnik

Street Address (P.O. Box Number is Not Acceptable)

4905 Whiteway Dr.

City Tampa

FL

Zip Code 33617

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 Steve Sharnik

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

(NOTE: Registered Agent signature required when reinstating)

3-6-01

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SHARNIK, STEVE
STREET ADDRESS 5108 TENNIS COURT CIRCLE
CITY-ST-ZIP TAMPA FL 33617

☐ Delete

TITLE P
NAME Sharnik, Steve
STREET ADDRESS 4905 Whiteway Dr.
CITY-ST-ZIP Tampa FL 33617

☒ Change ☐ Addition
Address only

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ 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: Steve Sharnik 3-6-01 727-319-9987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)