2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98318 1. Entity Name DAYSTAR REAL ESTATE SERVICES, INC.					Jan 12, 2000 8:00 am Secretary of State 01-12-2000 90011 004 ***150.00			
Principal Place		Mailing Address						
917 N. 12TH AVE. A		917 N. 12TH AVE. A				LUUUU 39	7	
PENSACOLA FL 32501 US		PENSACOLA FL 32501-3339 US					- Dinih dinih dishi dini	1 215H 1881
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN TH	IS SPACE	
City & State		City_& State		4.	FEI Number	NOT-APPLICABLE	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	5.	Certificate of	Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent	Nome	7.	Name and A	ddress of New Register	d Agent	
HALL,	Name Street Addres	s (P.O. E	Box Number i	s Not Acceptable)				
5740 NORTHROO RD. MILTON FL 32570			F F7/1		1/	2-11-17-0-1	77	
MILIC	514 1 E 02070		5.74 City	0	100 K	(THKOF	Zip Cod	<u>d A c</u>
9. This corpo Tax filing re	ration is eligible to satisfy its Intangil equirement and elects to do so. ia on back)	FILE NOW!!! After MAY 1, 2000 Make Check Payable	egistered Agent signature requirements FEE IS \$150.00 Fee will be \$550.00 to Department of S	0 State	10. Elect Trust	ion Campaign Financing Fund Contribution.	☐ Ådded	May Be
11.		ID DIRECTORS	12.	Al	DDITIONS/C	HANGES TO OFFICERS A		S_IN 11 □ Addition
TITLE NAME	PD HALL, JERRY	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	5740 NORTHROP RD.		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP TITLE	MILTON FL 32570	□ Delete	TITLE				Change	Addition
NAME		<u> </u>	NAME					
STREET ADDRESS CITY-ST-ZIP	Aug	ر الحديد المراجع المستدر بي المحادث المراجع المستدر بي المحادث المراجع المستدر المراجع المراجع المراجع المراجع	STREET ADDRESS CITY-ST-ZIP		, ,	• •		
TITLE		. □ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS		· ·	NAME STREET ADDRESS					
CITY-ST-ZIP	•		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	
NAME Street address			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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 CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
13. I hereby of indicated of the cor	certify that the information supplied von this report or supplemental reporporation or the receiver or trustee en or on an attachment with an addres	t is true and accurate and that my powered to execute this report as	ne exemption stated in signature shall have the	ne same 607, Flor	e legal effect :	as if made under oath; tha	it I am an officer	or director

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