

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90081 034 ****61.25

DOCUMENT # N94000004281

1. Entity Name

DAYSTAR LIFE CENTER, INC.

Principal Place of Business

226 6TH ST S
 ST PETERSBURG FL 33701

Mailing Address

226 6TH ST S
 ST PETERSBURG FL 33701-4116

C0037167



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

226 6th ST. S.

3. Mailing Address

226 6th ST. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 ST. PETERSBURG FL

City & State
 ST. PETERSBURG FL

4. FEI Number

65-0523539

Applied For

Not Applicable

Zip
 33701

Country
 PINELLAS

Zip
 33701

Country
 PINELLAS

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTHLE, RUTH
 226 6TH ST S
 ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **SR. ROSE MARIE JAFFOIA**
 Street Address (P.O. Box Number is Not Acceptable)
 226 6th ST. S.
 ST. PETERSBURG FL 33701

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Func Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHOEN, WILLIAM	
STREET ADDRESS	P O BOX 2206	
CITY-ST-ZIP	CASHEIRS NC 28717	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENEZIA, MARY	
STREET ADDRESS	1235 CORDOVA BLVD NE	
CITY-ST-ZIP	ST-PETERSBURG FL 33704	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCMANUS, RICHARD	
STREET ADDRESS	6132 LEELAND ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHOEN, WILLIAM	
STREET ADDRESS	7642 17TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHN, WEIR	
STREET ADDRESS	6640 GULF BLVD	
CITY-ST-ZIP	ST PETE BCH FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMPEL, RAYMOND	
STREET ADDRESS	12205 GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See attached	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sr. Rosemarie Jaffoia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/14/00

Daytime Phone #

CR2E037 (9/99)