

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90086 018 ****61.25

DOCUMENT # N94000004281

1. Entity Name

DAYSTAR LIFE CENTER, INC.

Principal Place of Business

Mailing Address

226 6TH ST S
 ST PETERSBURG FL 33701

226 6TH ST S
 ST PETERSBURG FL 33701

818283



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

65-0523539

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

INFINITO, ROSE MARIE SR
226 6TH ST S
ST PETERSBURG FL 33701

Name

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

City

FL

Zip Code

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 Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D VENEZIA, MARY**
 STREET ADDRESS **1235 CORDOVA BLVD NE**
 CITY-ST-ZIP **ST PETERSBURG FL 33704**

TITLE Change Addition

TITLE Delete
 NAME **PD MCMANUS, RICHARD**
 STREET ADDRESS **6132 LEELAND ST S**
 CITY-ST-ZIP **ST PETERSBURG FL 33715**

TITLE Change Addition

TITLE Delete
 NAME **SD SCHOEN, WILLIAM**
 STREET ADDRESS **7642 17TH AVE N**
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE Change Addition

TITLE Delete
 NAME **D HEMPEL, RAYMOND**
 STREET ADDRESS **12205 GULF BLVD**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE Change Addition

TITLE Delete
 NAME *See attached*
 STREET ADDRESS *Board of Directors*
 CITY-ST-ZIP

TITLE Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

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: WILLIAM A. SCHOEN / SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A Schoen

Date

Daytime Phone #

727-825-0442

CR2E037 (10/00)