

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029490

1. Entity Name
DAYSTAR SALES, INC.

Principal Place of Business
**3839 N. MONROE ST., UNIT 7
TALLAHASSEE FL 32303**

Mailing Address
**3839 N. MONROE ST., UNIT 7
TALLAHASSEE FL 32303**

(1A)

77339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
210 Mill Branch Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, Fl.

4. FEI Number

59-363-6479

Applied For

Not Applicable

Zip

Country

Zip

Country

32312

USA

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

**RODRIGUE, MARGARET C
3839 N. MONROE ST., UNIT 7
TALLAHASSEE FL 32303**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	TITLE	
NAME	RODRIGUE, MARGARET C	NAME	
STREET ADDRESS	3839 N. MONROE ST., UNIT 7	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VT	TITLE	
NAME	RODRIGUE, MARK	NAME	
STREET ADDRESS	3839 N. MONROE ST., UNIT 7	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARGARET C RODRIGUE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-01

Date

850-668-7125

Daytime Phone #

CR2E034 (5/01)