2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P95000091444 1. Entity Name DAYSTAR SYSTEMS, INC. 04-17-2001 90121 032 ***150.00 Principal Place of Business Mailing Address 2817 CASA ALOMA WAY 2817 CASA ALOMA WAY WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3350284 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEINIGER, JAMES L Street Address (P.O. Box Number is Not Acceptable) 2817 CASA ALOMA WAY WINTER PARK FL 32792 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) DATÉ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PCEO** TITLE ☐ Delete TITLE NAME NAME SANFORD, DAVID L STREET ADDRESS STREET ADDRESS 2402 JEFFERSON CT CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Addition Change TITLE Delete TITLE NAME SANFORD, DAVID NAME STREET ADDRESS 2402 JEFFERSON CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Addition **VSTD** ☐ Delete TITLE Change TITLE NAME HEINIGER, JAMES L NAME STREET ADDRESS STREET ADDRESS 2817 CASA ALOMA WAY CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: