

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90068 039 \*\*\*150.00

**DOCUMENT # P94000032023**

1. Entity Name  
**DAYSTAR INTERNATIONAL, INC.**

Principal Place of Business <b>1202 N. HOWARD AVENUE          TAMPA FL 33607          US</b>	Mailing Address <b>1202 N. HOWARD AVENUE          TAMPA FL 33607          US</b>
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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 **59-3239725**      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

**FREEMAN, GLEN R  
 917 TERRA MAR DR.  
 TAMPA FL 33613**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	<b>FREEMAN, GLEN R</b>	<b>917 TERRA MAR DR.</b>	<b>TAMPA FL 33613</b>	<input type="checkbox"/> Delete	
VP	<b>BACKUS, TIM</b>	<b>4216 GRAINARY AVENUE</b>	<b>TAMPA FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST	<b>MURRAY, CHARLOTTE</b>	<b>9928 ALSOBROOK AVE</b>	<b>RIVERVIEW FL 33569</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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 19.07(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: *Charlotte Murray*      **Charlotte Murray**      1-18-01      813-258-3688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)