

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008230

1. Entity Name

DAYLIGHTING CONCEPTS, INC.

FILED**Jan 13, 2000 8:00 am**
Secretary of State

01-13-2000 90018 041 ***150.00

Principal Place of Business

Mailing Address

3570 CONSUMER STREET
#3
WEST PALM BEACH FL 33404
US3570 CONSUMER STREET
#3
WEST PALM BEACH FL 33404-1740
US

2. Principal Place of Business

3570 Consumer St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 3**Same**

City & State

City & State

West Palm Beach**Same**

Zip

Country

Zip

Country

33404**Palm Beach****33404****Palm Beach**

4. FEI Number

65-0637085

Applied For

Not Applicable

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

POGGENDORF, DONALD
3570 CONSUMER STREET
SUITE #3
WEST PALM BEACH FL 33404

Name

Don Poggendorf

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

3570 Consumer St.**West Palm Beach**

City

FLZip Code
33404

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 **Don Poggendorf**

Signature, typed or printed name of registered agent and title if applicable

(Not to be Registered Agent signature required when reinstating)

1-6-00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	POGGENDORF, DONALD	3920 WILSHIRE STREET LAKE PARK FL 33403	<input type="checkbox"/> Delete			
	D	MAROM, ISAAC	2225J SPRING HARBOR DR DELRAY BEACH FL 33445	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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: **Don Poggendorf**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00 561-840-0095

CR2E034 (9/99)