

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90179 007 ***150.00

DOCUMENT # P98000094349

1. Entity Name
SUNLIGHT SYSTEMS, INC.

Principal Place of Business Mailing Address
1749 E HALLENDALE BEACH BLVD. #177 **P.O. BOX 6057**
HALLENDALE FL 33009 **STTKA AK 99835-6057**

2. Principal Place of Business 3. Mailing Address
1701 SW 13 St. **1701 SW 13 St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Lauderdale FL **Ft. Lauderdale FL**
 Zip Country Zip Country
33312 **USA** **33312** **USA**

4. FEI Number Applied For
92-0165576 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROGERS, PATRICK J
1749 E HALLENDALE BEACH BLVD, #177
SUNLIGHT SYSTEMS, INC.
HALLENDALE FL 33009

7. Name and Address of New Registered Agent

Name **Patrick J Rogers**
 Street Address (P.O. Box Number is Not Acceptable)
1701 SW 13 St.
 City State Zip Code
Ft. Lauderdale **FL** **33312**

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 **Patrick J Rogers** *[Signature]* DATE **4/27/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	ROGERS, PATRICK J
STREET ADDRESS	1409 RODMAN ST
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	NEWELL, SHAWN L
STREET ADDRESS	PO BOX 6057
CITY-ST-ZIP	SITKA AK 99835
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carole L. Dawds
STREET ADDRESS	1701 SW 13th St.
CITY-ST-ZIP	Ft. Lauderdale FL 33312
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 attached exhibit.

SIGNATURE: *[Signature]* Date **4/27/00** Daytime Phone # **954-462-7053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)