

# 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

1749 E HALLENDALE BEACH BLVD. #177  
 HALLENDALE FL 33009

Mailing Address

P.O. BOX 6057  
 SITKA AK 99835-6057

2. Principal Place of Business

1701 SW 13 St.

3. Mailing Address

1701 SW 13 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

92-0165576

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

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

Ft. Lauderdale

FL

Zip Code

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]*

4/27/00

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, 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 ☐ Delete  
 NAME ROGERS, PATRICK J  
 STREET ADDRESS 1409 RODMAN ST  
 CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D ☒ Delete  
 NAME NEWELL, SHAWN L  
 STREET ADDRESS PO BOX 6057  
 CITY-ST-ZIP SITKA AK 99835

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
 NAME Carole L. Dawds  
 STREET ADDRESS 1701 SW 13th St.  
 CITY-ST-ZIP Ft. Lauderdale FL 33312

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 attachment.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

954-463-7053

Daytime Phone #

CR2E034 (9/99)