

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1/0

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91322 023 \*\*\*\*61.25

**DOCUMENT # N99000007277,**

1. Entity Name

**GOLD STAR PRODUCTIONS, INC.**

Principal Place of Business

2632 HOLLY POINT ROAD EAST  
 ORANGE PARK FL 32073

Mailing Address

2632 HOLLY POINT ROAD EAST  
 ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3629 **APPLIED FOR 175**

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

**WIKSTROM, JAN**  
**2632 HOLLY POINT ROAD EAST**  
**ORANGE PARK FL 32073**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILKEHOM, JAN G 2632 HOLLY POINT ROAD EAST ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WIKSTROM, JAN G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>correct</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMPSON, JAMIE M 142 KINGSLEY AVE ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIMPSON, JAMIE (N) <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>correct</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT WESTROM, ELIZABETH 2632 HACLEY STREET ROAD E ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WIKSTROM, Elizabeth <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>correct</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT WILKESTROM, JOHN 2632 HOLLY POINT ROAD E ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WIKSTROM, John <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>correct</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jan Wikstrom*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)