2002 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2002 8:00 am DOCUMENT # N99000007277 Secrétary of State 1. Entity Name 07-10-2002 90194 026 ****61.25 GOLD STAR PRODUCTIONS, INC. Mailing Address Principal Place of Business 2632 HOLLY POINT ROAD EAST 2632 HOLLY POINT ROAD EAST **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3629175 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WIKSTROM, JAN 2632 HOLLY POINT ROAD EAST **ORANGE PARK FL 32073** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ۲, Make Check Payable to 9. Election Campaign Financing \$5.00 May Be After September 13, 2002, Trust Fund Contribution. Added to Fees Department of State min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (4/02) ☐ Addition CD TITLE Change ☐ Delete TITLE NAME WIKSTROM, JAN G NAME STREET ADDRESS STREET ADDRESS 2632 HOLLY POINT ROAD EAST CITY-ST-ZIP CITY-ST-7IP **ORANGE PARK FL 32073** Change ☐ Addition ☐ Delete TITLE TITLE street address NAME SIMPON, JANIE 133_ Stowe Avenue NAME ONLY STREET ADDRESS STREET ADDRESS 142 KINGSLEY AVE Orange Park , FL 52073 CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Addition Change ☐ Delete TITLE **VCT** TITLE street Address NAME WIKSTROM, ELIZABETH Holly Point Road East NAME STREET ADDRESS only STREET ADDRESS 2632 HACLEY STREET CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Change ☐ Addition TITLE ☐ Delete VCT NAME WIKSTROM, JOHN NAME STREET ADDRESS STREET ADDRESS 2632 HOLLY POINT ROAD E CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

12. 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 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED