2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107919

HEALTHSTAR UNLIMITED, INC.

Principal Place of Business

Mailing Address

1326 SPRING LAKE DRIVE "CC FL 32804

1328 SPRING LAKE DRIVE ORLANDO FL 32804-7127

BRANDT, CLARK D 1. This corporation is eligible to satisfy its Intang ble Tax filing requirement and elects to do so. (See criteria on above) Make Check Payable to Department of State 1. OPFICERS AND DIRECTORS 1. OPFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS 1. OPFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS 1. OPFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS 1. OPFICERS AND DIRECTORS IN 11 1. OPFICERS AND DIRECTORS IN	Suite, Apt. #, etc. City & State Country 5. Certific 6. Name and Address of Current Registered Agent Name BRANDT, CLARK D 1328 SPRING LAKE DRIVE ORLANDO FL 32804 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or SIGNATURE Signature, typed or pirited name of registered agent and talls if applicable. (NOTE: Registered Agent signature required when reinstating part and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITION TITLE SD BRANDT, CLARK D BRANDT, CLARK D BRANDT, CLARK D BRANDT, CLARK D BRANDT, STATE ADDRESS CITY-ST-2IP ORLANDO FL 32804 TITLE NAME BRANDT, SHARON M STREET ADDRESS CITY-ST-2IP ORLANDO FL 32804 TITLE NAME	Applied For Not Applicable ate of Status Desired Sa.75 Additional Fee Required Ind Address of New Registered Agent
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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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition

Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90056 038 ***150.00