

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041154

1. Entity Name

GOLDSTAR ULTRASOUND SERVICES, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90028 048 \*\*\*150.00

Principal Place of Business

Mailing Address

1270 SHADY OAK LANE  
DELAND FL 32720

1270 SHADY OAK LANE  
DELAND FL 32720-2547

2. Principal Place of Business

1270 SHADY OAK LANE

Suite, Apt. #, etc.

3. Mailing Address

1270 SHADY OAK LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELAND FL

City & State

DELAND FL

4. FEI Number

65-0918996

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32720

Country

USA

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

WEESNER, MICHAEL F  
1270 SHADY OAK LANE  
DELAND FL 32720

Name

WEESNER MICHAEL F

Street Address (P.O. Box Number is Not Acceptable)

1270 SHADY OAK LANE

City

DELAND

FL

Zip Code

32720

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WEESNER, MICHAEL F  
CITY-ST-ZIP 1270 SHADY OAK LANE  
DELAND FL 32720

TITLE ☒ Change ☐ Addition  
NAME ~~PRESIDENT/DIRECTOR~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME LUCINDA WEESNER  
STREET ADDRESS 1270 SHADY OAK LANE  
CITY-ST-ZIP DELAND, FL. 32720

TITLE ☐ Change ☒ Addition  
NAME SECRETARY  
STREET ADDRESS LUCINDA WEESNER  
CITY-ST-ZIP 1270 SHADY OAK LANE  
DELAND, FL. 32720

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

(94) 740-0767

Daytime Phone #

CR2E034 (9/99)