


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90085 002 ***150.00

DOCUMENT # P94000085767

1. Entity Name
GLASER AMUSEMENT, INC.



Principal Place of Business
**14766 FEATHER COVE LANE
CLEARWATER FL 33762
US**

Mailing Address
**14766 FEATHER COVE LANE
CLEARWATER FL 33762
US**

2. Principal Place of Business
1724 La Forest Ave
Suite, Apt. #, etc.


3. Mailing Address
1724 La Forest Ave
Suite, Apt. #, etc.

City & State
Safety Harbor, FL

City & State
Safety Harbor, FL

Zip
34695

Country
U.S.



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3280120** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GLASER, JEFFREY M
14766 FEATHER COVE LANE
CLEARWATER FL 33762**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

*→ 1724 La Forest Ave
Safety Harbor, FL,
34695*

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLASER, JEFFREY M 14766 FEATHER COVE LANE CLEARWATER FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>address change only</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1724 La Forest Ave Safety Harbor, FL 34695
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
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey M. Glaser* **Jeffrey M. Glaser** **1-13-2003** **727 409-4539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)