

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90070 041 ***150.00



DOCUMENT # P00000070834
1. Entity Name
GLUCK PIANOS & PARTS, INC.

Principal Place of Business
**203 N PRIMROSE DR
ORLANDO FL 32803**

Mailing Address
**203 N PRIMROSE DR
ORLANDO FL 32803**

2. Principal Place of Business
294 COURTLAND BLVD

3. Mailing Address
294 COURTLAND BLVD

Suite, Apt. #, etc.

City & State
DELTONA, FL

City & State
DELTONA FL

Zip Country
32738 US

Zip Country
32738 US



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3664456** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HOLLNAGEL, RONALD
203 N PRIMROSE DR
ORLANDO FL 32803**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
294 COURTLAND BLVD
City **DELTONA** FL Zip Code **32738**

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 *Ronald Hollnagel* *Ronald Hollnagel* *02.03.03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

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

TITLE	ELIZ <input type="checkbox"/> Delete
NAME	ABETH GLUCK, AUDREY
STREET ADDRESS	R. ALBUQUERQUE LLNS 849, APT. 32
CITY-ST-ZIP	SAO PAULO, BRAZIL 01230-01
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Ronald Hollnagel* *Ronald Hollnagel* *2.3.03* *407 491 4531*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)