

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