


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
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2. Principal Place of Business 294 COURTLAND BLVD Suite, Apt. #, etc.	3. Mailing Address 294 COURTLAND BLVD Suite, Apt. #, etc.
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City & State DELTONA, FL	City & State DELTONA FL
Zip 32738	Country US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3664456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOLLNAGEL, RONALD 203 N PRIMROSE DR ORLANDO FL 32803
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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
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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 <u>RONALD HOLLNAGEL</u> <u>02.03.03</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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.
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SIGNATURE: <u>RONALD HOLLNAGEL</u> <u>2.3.03</u> <u>407 491 4531</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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CR2034 (10/02)