

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-18-2002 90368 027 ***150.00

DOCUMENT # P01000061601

1. Entity Name
GLU-PRO, INC.

Principal Place of Business
**789 DOUGLAS AVE STE 137
 ALTAMONTE SPRINGS FL 32714**

Mailing Address
**789 DOUGLAS AVE STE 137
 ALTAMONTE SPRINGS FL 32714**



DO NOT WRITE IN THIS SPACE

AMH 5/16/02

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HABIB, AMID
 789 DOUGLAS AVE STE 137
 ALTAMONTE SPRINGS FL 32714**

Name

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

City

FL

Zip Code

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, 2002 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: **PRESIDENT** Delete
 NAME: **AMID, HABIB**
 STREET ADDRESS: **789 Doug 135 Ave, Suite 137**
 CITY-ST-ZIP: **Altamonte Springs FL 32714**

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

TITLE: **VICE-PRESIDENT** Delete
 NAME: **Terry Isley**
 STREET ADDRESS: **650 MAITLAND AVE**
 CITY-ST-ZIP: **ALTAMONTE SPRINGS, FL 32701**

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

TITLE: ~~SECRETARY~~ Delete
 NAME: **SAM PRATT**
 STREET ADDRESS: **650 MAITLAND AVE**
 CITY-ST-ZIP: **ALTAMONTE SPRINGS, FL 32701**

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

TITLE: **Secretary** Delete
 NAME: **S. E. Crockett**
 STREET ADDRESS: **2520 N. ORANGE AVE.**
 CITY-ST-ZIP: **ORLANDO, FL 32804**

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

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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

4/9/02

Date

(407) 887-0107

Daytime Phone #

CR2E034 (9/01)