

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90116 008 \*\*\*150.00

**DOCUMENT # S64620**

1. Entity Name

**GLEN LAU PRODUCTIONS, INC.**

Principal Place of Business

**5640 S.W. 6TH PLACE  
 SUITE 400  
 OCALA FL 34474  
 US**

Mailing Address

**5640 S.W. 6TH PLACE  
 SUITE 400  
 OCALA FL 34474  
 US**

00100042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3161 NW 95th Ave Rd  
 Suite, Apt. #, etc.**

3. Mailing Address

**3161 NW 95th Ave Rd  
 Suite, Apt. #, etc.**

City & State

**Ocala, FL**

City & State

**Ocala, FL**

4. FEI Number

**59-3076361**

Applied For

Not Applicable

Zip

**34482**

Country

**US**

Zip

**34482**

Country

**US**

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

**TUCCI, GREGORY E.  
 225 N.E. EIGHTH AVE.  
 OCALA FL 32670**

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	PTS	<input type="checkbox"/> Delete
NAME	LAU, GLENN H.	
STREET ADDRESS	251 SW 40TH AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAU, MARYANN	
STREET ADDRESS	251 SW 40TH AVE.	
CITY-ST-ZIP	OCALA FL	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3161 NW 95th Ave Rd	
CITY-ST-ZIP	Ocala, FL 34482	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3161 NW 95th Ave Rd	
CITY-ST-ZIP	Ocala, FL 34482	
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		

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MaryAnn Lau 4/26/02 352-861-2289**  
 Date Daytime Phone #

CR2E034 (9/01)