

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F98000006586**
 1. Entity Name
American Glass & Mirror Co., Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
215 W. Savannah Ave
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 1425
 Suite, Apt. #, etc.

55046865

DO NOT WRITE IN THIS SPACE

City & State
Valdosta GA

City & State
Valdosta GA

Zip
31601

Country
Lowndes

Zip
31603-1425

Country
Lowndes

4. FEI Number
58-1264314

Applied For
 No. Applicable

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

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7. Name and Address of Current Registered Agent
 Name
JAMES REGISTER CONSTRUCTION COMPANY
 Street Address (P.O. Box Number is Not Acceptable)
1519 CAPITAL CIRCLE NE S-26
 City
TALLAHASSEE FL Zip Code
32308

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 _____ DATE _____
Signature typed or printed name of registered agent and fee, if applicable. (1207) Registered Agent's name required when available.

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 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	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
President	William L. Clanton	4342 Reed Rd	Valdosta GA 31605		
Vice President	Wayne Dawkins	5920 Glenn Rd	Valdosta GA 31606		
Secretary / Treasurer	Wayne Dawkins	5920 Glenn Rd	Valdosta GA 31606		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with a governing document.

SIGNATURE DATE **4-29-03** **229-244-4337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L Clanton

CR2E034B (12/02)