

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90039 027 ***150.00

80055174

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000068977
 1. Entity Name
 AMERICAN GLAZING SYSTEMS, INC.

Principal Place of Business Mailing Address
 1626 CAMERBUE DR 1626 CAMERBUE DR
 ORLANDO, FL 32805-3608 ORLANDO, FL 32805-3608
 US US

2. Principal Place of Business 3. Mailing Address
 1626 CAMERBUE DR 1626 CAMERBUE DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 ORLANDO, FLORIDA ORLANDO, FLORIDA
 Zip Country Zip Country
 32805-3608 USA 32805-3608 USA

4. FEI Number Applied For
 593406092 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JEANNE M. LEGARE

7. Name and Address of New Registered Agent
 Name: JEANNE M. LEGARE
 Street Address (P.O. Box Number is Not Acceptable): 1626 CAMERBUE DR
 City: ORLANDO FL Zip Code: 32805

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: JEANNE M. LEGARE - JEANNE M. LEGARE - PRES. DATE: 3/29/00
(Signature, typed or printed name of registered agent and, 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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	P.	<input type="checkbox"/> Delete
NAME	JEANNE M. LEGARE	
STREET ADDRESS	1626 CAMERBUE DR	
CITY-ST-ZIP	ORLY FL 32805	
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		

12. 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		

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: JEANNE M. LEGARE DATE: 3/29/00 DAYTIME PHONE #: 407 872 0601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/99)