

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90144 041 \*\*\*150.00

DOCUMENT # **P96000068977**

1. Entity Name  
**AMERICAN GLAZING SYSTEMS, INC.**

Principal Place of Business  
**1626 CAMERBUR DR.  
 ORLANDO FL 32805-3608  
 US**

Mailing Address  
**1626 CAMERBUR DR.  
 ORLANDO FL 32805-3608  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3406092</b>	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEGARE, JEANNE M  
 1626 CAMERBUR DR  
 ORLANDO FL 32805-3607**

7. Name and Address of New Registered Agent  
 Name **CARLONE, JEANNE M.**  
 Street Address (P.O. Box Number is Not Acceptable) **1626 Camerbur Dr**  
 City **ORLANDO** 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. Carlone - Pres.* **JEANNE M. CARLONE** DATE **4/19/01**  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when re-registering)

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, 2001 Fee will be \$580.00  
 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LEGARE, JEANNE M</b>	
STREET ADDRESS	<b>1626 CAMERBUR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805-3607</b>	
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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLONE, JEANNE M.</b>	
STREET ADDRESS	<b>1626 CAMERBUR DR</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>	
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)(c), 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 a letter like empowered.

SIGNATURE: *Jeanne M. Carlone - JEANNE M. CARLONE* DATE: **4/19/01** ID: **4078720601**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034 (10.00)