## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 816049

1. Entity Name

## DOTHAN GLASS COMPANY



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90302 032 \*\*\*150.00

Principal Place of Business 655 S OATES STREET P.O. BOX 1308 DOTHAN AL 36302 US				Mailing Address 605 S. OATES STREET P.O. BOX 1308 DOTHAN AL 36302									
2. Principal Place of Business				3. Mailing Address					14	i	UII 41041 DI <b>6</b> 14 B		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 63-0367812 Applied For Not Applicat					
Zip	Country			Zip Coun			5. Certificate of Status Des			sired S8.75 Additional			
6. Name and Address of Current Registered Agent							7.	Name and Addre	ess of New F	legistered /	Agent		
						Name							
PITMAN, EARL G., JR. 3901 N PALAFOX ST.				Street Ad			dress (P.O.	ess (P.O. Box Number is Not Acceptable)					
PENSACOLA FL 32523													
i							FL   <sup>2</sup>				Zip Cod	Zip Code	
	named entit tions of regis	y submits this statement for ered agent.	or the purp	ose of changing its	register	ed office or re	egistered a	igent, or both, in th	ne State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE .													
	Signature, typed	or printed name of registered agent	and title if app	licable. (NOTE	: Registere	d Agent signature	required when	reinstating)		DATE			
After	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00	f Ctota						Campaign Fir d Contributio			<b>0</b> May Be I to Fees	
	C Payable to	Florida Department o						CONTIONIO (OLIAN	OED TO OEE	IOEDO AND	DIDECTOR	2.001.4.4	
10. TITLE	Р	OFFICERS AND	DIRECTO	Delete	11.	<u> </u>		ADDITIONS/CHAN	IGES TO OFF	ICERS AND	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PITMAN,E 1209 AZU DOTHAN	re dr.		□ Detete	NAM STRE						onlings		
TITLE	DOTRAIN	:		_ Delete	TITL	E					☐ Change	☐ Addition	
NAME STREET ADDRESS	l	سيء البداحي ميليان			NAM STRE	E ET ADDRESS		الماسة مرتعيسي					
CITY-ST-ZIP	. <del></del>	, To 100		CIT									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Detete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		l l					Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:** 

GNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

334-793-1161

Daytime Phone #