

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000000243**

1. Entity Name

AMERICAN ARCHITECTURAL PRODUCTS CORPORATION**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90069 035 ***150.00

Principal Place of Business

**755 BOARDMAN-CANFIELD RD
BLDG G WEST
BOARDMAN OH 44512**

Mailing Address

**755 BOARDMAN-CANFIELD RD
BLDG G WEST
BOARDMAN OH 44512**

2. Principal Place of Business

860 Boardman-Canfield Rd.

Suite, Apt. #, etc.

Suite 107

3. Mailing Address

860 Boardman-Canfield Rd.

Suite, Apt. #, etc.

Suite 107

City & State

Boardman, Ohio

City & State

Boardman, Ohio 44512

Zip

44512

Country

USA

Zip

44512

Country

USA

4. FEI Number

87-0365268

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMEDIA, FRANK 3000 NW 125TH ST OPA LOCKA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWELL, LARRY 3000 NW 125TH ST OPA LOCKA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFE JR, DAVID J 755 BOARDMAN-CANFIELD RD BOARDMAN OH <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOMINIJANI, JOSEPH 6500 BROOKTREE CTR, STE 202 WESFORD PA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOFMEISTER, GEORGE 2001 WINCHESTER ROAD PARIS KY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMEDIA, FRANK 3000 NW 125TH STREET OPA LOCKA FL <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jonathan K. Schoenike 860 Boardman-Canfield Rd., Suite 107 Boardman, OH 44512 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V David McKelvey 601 NW 12th Avenue Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant S David J. Wolfe, Jr. 860 Boardman-Canfield Rd., Suite 107 Boardman, OH 44512 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Joseph Dominijanni 6500 Brooktree Center, Suite 202 Wexford, PA 15090 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)