

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001661

1. Entity Name

AMA GLASS CORPORATION

Principal Place of Business

1400 LINCOLN STREET
KINGSPORT TN 37660

Mailing Address

1400 LINCOLN STREET
KINGSPORT TN 37660

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

33-0291553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LANTZ, RANDY
STREET ADDRESS 1400 LINCOLN STREET
CITY-ST-ZIP KINGSPORT TN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME CORRENTI, CHRISTOPHER F
STREET ADDRESS 1400 LINCOLN STREET
CITY-ST-ZIP KINGSPORT TN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME BEGLEY, WAYNE
STREET ADDRESS 1400 LINCOLN STREET
CITY-ST-ZIP KINGSPORT TN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DANKMYER, WILLIAM
STREET ADDRESS 1400 LINCOLN STREET
CITY-ST-ZIP KINGSPORT TN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KRAMER, STEVEN E
STREET ADDRESS 1400 LINCOLN STREET
CITY-ST-ZIP KINGSPORT TN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME DOBIE, ROBERT E
STREET ADDRESS 2201 WATER RIDGE PKWY STE 400
CITY-ST-ZIP CHARLOTTE NC

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90003 038 ***550.00



DO NOT WRITE IN THIS SPACE