

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90720 001 ***150.00

DOCUMENT # F99000001661

1. Entity Name
AMA GLASS CORPORATION



Principal Place of Business
**1400 LINCOLN STREET
KINGSPORT TN 37660**

Mailing Address
**2201 WATER RIDGE PARKWAY
STE 400
CHARLOTTE NC 28210**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0291553**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **S Correnti, Chris**
STREET ADDRESS **1400 Lincoln Street**
CITY-ST-ZIP **Kingsport, TN 37660**

TITLE ☐ Delete
NAME **D CORRENTI, CHRIS**
STREET ADDRESS **1400 LINCOLN STREET**
CITY-ST-ZIP **KINGSPORT TN 37660**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D LADD, DORIS**
STREET ADDRESS **1400 LINCOLN STREET**
CITY-ST-ZIP **KINGSPORT TN 37660**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **Robert E. Dobie**

3/11/03

(704) 329-7627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)