

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

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

04-28-2003 90954 002 ***150.00

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DOCUMENT # P93000016856

1. Entity Name

CAPITOL GLASS & ALUMINUM COMPANY, INC.



Principal Place of Business

**4811 HUNT ST.
JACKSONVILLE FL 32254
US**

Mailing Address

**P. O. BOX 60366
JACKSONVILLE FL 32236-0366
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3182986

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired - ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLTON, PAMELA S
4811 HUNT ST.
JACKSONVILLE FL 32254**

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	PT	<input type="checkbox"/> Delete
NAME	HOLTON, PAMELA S	
STREET ADDRESS	6101 JONES RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SIMPSON, JAMES C	
STREET ADDRESS	1020 DIXON ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
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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:

Pamela S. Holton
Pamela S. Holton, President

4-24-03

904/388-7450

Date

Daytime Phone #

CR2E034 (10/02)