

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90842 027 ***158.75

DOCUMENT # P93000040644

1. Entity Name
ARCHITECTURAL METALS AND GLASS, INC.



Principal Place of Business

7521 ALUMINUM ROAD

#3

FT. MYERS FL 33918

US

Mailing Address

PO BOX 3594

FT. MYERS FL 33918

US

2. Principal Place of Business

1379 LINCOLN AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 3594

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
FORT MYERS FL

City & State
FORT MYERS FL

4. FEI Number **65-0422448**

Applied For

Not Applicable

Zip
33917

Country
USA

Zip
33918

Country
USA

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

KUSHNER, STEVEN P.

STEVEN P. KUSHNER, PA

1375 JACKSON ST, STE 202

FT. MYERS FL 33901

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 **D** ☒ Delete
NAME **FRIEDMAN, BARRY**
STREET ADDRESS **7521 ALUMINUM ROAD #3**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **P** ☒ Change ☐ Addition
NAME **FRIEDMAN, BARRY D.**
STREET ADDRESS **1379 LINCOLN AVE**
CITY-ST-ZIP **FORT MYERS, FL 33918**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY D. FRIEDMAN PRESIDENT 2/25/03
(Date) (Daytime Phone #)

CR2E034 (10/02)