

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90115 011 ***150.00

DOCUMENT # P99000000409

1. Entity Name

ALUMAGLASS INDUSTRIES, INC.

Principal Place of Business

Mailing Address

ANVIL STREET
 PETERSBURG FL 33710

2501 ANVIL STREET
 ST. PETERSBURG FL 33710-3948

001829



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FEI Number

59-3546964

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

BARTHOLMEY, SCOTT D.
 8666 Seminole Blvd.
 Seminole, FL 33772

Name

Joan M. Vecchioli, Esquire

Street Address (P.O. Box Number is Not Acceptable)

911 Chestnut Street

City

Clearwater,

FL

Zip Code

33756

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

Joan M. Vecchioli

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ii. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** Delete
 NAME: **BARTHOLMEY, SCOTT D.**
 STREET ADDRESS: **8666 Seminole Blvd.**
 CITY-ST-ZIP: **Seminole, FL 33772**

TITLE: Change Addition
 NAME: **BARTHOLMEY, SCOTT D.**
 STREET ADDRESS: **8666 Seminole Blvd.**
 CITY-ST-ZIP: **Seminole, FL 33772**

TITLE: **D** Delete
 NAME: **WEBER, DAVID**
 STREET ADDRESS: **351 Barbara Circle**
 CITY-ST-ZIP: **Belleair, FL 34616**

TITLE: Change Addition
 NAME: **DPST - Weber, David R.**
 STREET ADDRESS: **2501 Anvil Street**
 CITY-ST-ZIP: **St. Petersburg, FL 33710**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
 NAME: Delete
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 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

727-381-6522

Daytime Phone #

CR2E034 (9/99)