

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90099 032 ***158.75

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DOCUMENT # S70046

1. Entity Name
AMERICAN GLASS, INC.

Principal Place of Business

Mailing Address

P. O. BOX 162231
 ALTAMONTE SPRINGS FL 32716-2231

P. O. BOX 162231
 ALTAMONTE SPRINGS FL 32716-2231

2. Principal Place of Business

1324 E. ALTAMONTE DR

3. Mailing Address

Suite, Apt. #, etc.

ALTAMONTE SPRINGS FLA

City & State

City & State

4. FEI Number **59-3077907**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32707

U.S.A.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SORENSEN DOUG
1776 ENTERPRISE-OSTEEN RD.
ENTERPRISE FL 32728

7. Name and Address of New Registered Agent

Name **Steven C Sorenson**
 Street Address (P.O. Box Number is Not Acceptable)
5250 Michigan Ave
 City **Sanford** **FL** Zip Code **32771**

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

Steven C Sorenson

1-4-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D**
 NAME **SORENSEN DOUG**
 STREET ADDRESS **1776 ENTERPRISE-OSTEEN**
 CITY-ST-ZIP **ENTERPRISE FL**

☒ Delete

TITLE **PRESIDENT**
 NAME **Steven C Sorenson**
 STREET ADDRESS **5250 Michigan Ave**
 CITY-ST-ZIP **Sanford-FL 32771**

☐ Delete

ERROR

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT**
 NAME **STEVEN C. SORENSON**
 STREET ADDRESS **5250 MICHIGAN AVE**
 CITY-ST-ZIP **SANFORD, FLA. 32771**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Steven C Sorenson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-02

CR2E034 (9/01)