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WEB FORM  
COPY

# STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE 9/3/2016

FILING FEE \$45.00

PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation.

02510020

1. DIAMOND AUTO GLASS, INCORPORATED  
PO BOX 43830

RECEIVED

OCT 03 2016

PHOENIX, AZ 85080

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Business Phone: 928-779-4140

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: PROFIT

2.

Statutory Agent: STUART WEATHERMAN  
Mailing Address: 30144 N 71ST DR  
City, State, Zip: PEORIA, AZ 85383

Statutory Agent's Street or Physical Address, if Different,  
why Pay a Lawyer Richard Berry  
3415 S McCLINTOK DR. #112  
Tempe AZ 85282

## ACC USE ONLY

Fee \$ \_\_\_\_\_  
Penalty \$ \_\_\_\_\_  
Reinstate \$ \_\_\_\_\_  
Expedite \$ \_\_\_\_\_  
Resubmit \$ \_\_\_\_\_

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

Printed Name of new Statutory Agent

## 3. Secondary Address:

(Foreign Corporations are **REQUIRED**  
to complete this section).

## 4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

## BUSINESS CORPORATIONS

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Raising/Livestock               |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. Other <u>OTHER</u>              |

## NON-PROFIT CORPORATIONS

- |   |
|---|
| <input type="checkbox"/> 1. Charitable  |
| <input type="checkbox"/> 2. Benevolent  |
| <input type="checkbox"/> 3. Educational   |
| <input type="checkbox"/> 4. Civic   |
| <input type="checkbox"/> 5. Political   |
| <input type="checkbox"/> 6. Religious   |
| <input type="checkbox"/> 7. Social  |
| <input type="checkbox"/> 8. Literary  |
| <input type="checkbox"/> 9. Cultural  |
| <input type="checkbox"/> 10. Athletic   |
| <input type="checkbox"/> 11. Science/Research   |
| <input type="checkbox"/> 12. Hospital/Health Care                                     |
| <input type="checkbox"/> 13. Agricultural   |
| <input type="checkbox"/> 14. Cooperative Marketing Association                        |
| <input type="checkbox"/> 15. Animal Husbandry   |
| <input type="checkbox"/> 16. Homeowner's Association                                  |
| <input type="checkbox"/> 17. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 18. Other _____  |



**5. CAPITALIZATION:** (For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. **PLEASE PRINT OR TYPE CLEARLY.**

5a. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
1000000.00	COMMON	1.00

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued.

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
1000.00	COMMON	1.00

**6. SHAREHOLDERS:** (For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

NONE ☐ Name: STUART WEATHERMAN Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

**7. OFFICERS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: <u>STUART WEATHERMAN</u>	Name: _____
Title: <u>PRESIDENT/CEO</u>	Title: _____
Address: <u><del>P.O. BOX 43830</del></u>	Address: _____
<u>1929 N 4<sup>TH</sup> ST. FLAGSTAFF AZ</u>	
<u>PHOENIX, AZ 85080 86004</u>	

Date taking office: 01/12/1996

Date taking office: \_\_\_\_\_

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**8. DIRECTORS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: <u><del>RANDY WEATHERMAN</del></u>	Name: <u>STUART WEATHERMAN</u>
Address: <u><del>P.O. BOX 43830</del></u>	Address: <u><del>P.O. BOX 43830</del></u>
<u><del>PHOENIX, AZ 85080</del></u>	<u>1929 N 4<sup>TH</sup> ST. FLAGSTAFF</u>
	<u><del>PHOENIX, AZ 85080</del> AZ 86004</u>

Date taking office: ~~01/01/2013~~Date taking office: 01/12/1996

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_



**9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))**

Nonprofits – financial disclosure is no longer required. Cooperative marketing associations – must submit a financial statement. All other types of corporations are not required to file a financial statement.

**ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:**

**9A. MEMBERS (A.R.S. §10-11622(A)(6))** This corporation **DOES** ☐ **DOES NOT** ☒ have members.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))**

A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the five year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the five year period immediately preceding execution of this certificate?
3. Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the five year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
  - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
  - (b) the consumer fraud laws of that jurisdiction, or
  - (c) the antitrust or restraint of trade laws of that jurisdiction?

**One box must be marked: YES ☐ NO ☒**

If "YES" to A, the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1 through 3 above.

- |   |   |
|---|---|
| 1. Full birth name.   | 5. Date and location of birth.  |
| 2. Full present name and prior names used.                      | 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. |
| 3. Present home address.  |   |
| 4. All prior addresses for immediately preceding 5 year period. |   |

B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

**One box must be marked: YES ☐ NO ☒**

If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

**11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)**

A. Has the corporation filed a petition for bankruptcy or appointed a receiver? **One box must be marked: YES ☐ NO ☒**  
If "Yes" to A, the following information must be submitted as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
  - (a) Name and address of each corporation;
  - (b) States in which it: (i) was incorporated and (ii) transacted business.
  - (c) Dates of operation.

**12. SIGNATURES:** Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.  
I declare, under penalty of perjury, that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of perjury that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name STUART Weatherman Date 9-26-16 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature [Signature] Signature \_\_\_\_\_

Title President Title \_\_\_\_\_

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)



SECRETARY OF STATE  
TRADE NAME/TRADEMARK DIVISION  
1700 W. WASHINGTON ST., 7<sup>TH</sup> FLR  
PHOENIX, AZ 85007



CUSTOMER SERVICE CENTER  
1700 West Washington St., Ste. 103  
PHOENIX, AZ 85007  
(602) 542-6187

**NOTE: PLEASE RETURN THIS FORM ALONG WITH YOUR FILING. YOU MUST COMPLETE A NEW APPLICATION – DO NOT SIMPLY USE CORRECTION FLUID OR “SCRATCH OUTS.”**

**We are unable to process your application for the following reasons:**

- ☐ Filing fee was not received. Trade names are \$10 and trademarks are \$15. Amendments are \$3.
- ☐ A.R.S. 44-1460 requires that a trade name registration be submitted on an application prescribed by the Arizona Secretary of State. Please complete the enclosed application.
- ☐ Mailed registrations must include the notarized signature(s) of the applicant(s).
- ☐ Your registration has expired. Please complete a new registration form and refer to the original file number.
- ☐ Trade names/trademarks cannot be altered using a renewal, amendment or assignment form. Instead, please submit a new trade name registration form.
- ☐ Trade name and trademark ownership cannot be changed using a renewal or amendment form. The current owner on record must file an Assignment Form and must sign as “Assignor” and the proposed new owner must sign as “Assignee”.
- ☒ The applicant/assignee is a corporation or LLC and is not authorized to transact business in the state of Arizona by the Arizona Corporation Commission OR the corporation/LLC application is still pending OR the corporation/LLC is not in good standing.
- ☐ If marking the corporation/LLC box, the applicant/owner must then be the full corporate/LLC name instead of an individual's name(s). Corporation/LLC must be registered with Arizona Corporation Commission and in good standing.
- ☐ Trade names cannot include a corporate designation. Please delete \_\_\_\_\_.
- ☐ Trademarks require 3 samples of how the mark will be used (flyers, business cards, letterhead, etc.). One of the samples should be on 8 1/2 X 11” paper. In addition, you must provide a written description that fully describes your mark so that proper referencing is performed to ensure availability.
- ☐ A classification number was not listed
- ☐ The name/mark you are attempting to register is too generic or is in conflict with \_\_\_\_\_, which appears in our database.
- ☐ Your application is a public record and a legal document therefore correction fluid or “scratch outs” are **NOT** permitted.
- ☐ When you reserve a name with the Arizona Corporation Commission you cannot register the trade name until your corporation/LLC is approved. If not forming a corporation/LLC you must wait until reservation expires, or terminate/cancel the reservation prior to submitting the trade name registration.
- ☐ To remove a deceased applicant, please provide a copy of the death certificate and a will identifying you as the beneficiary of the registration. If a will does not exist please provide a notarized affidavit stating so and identify your legal standing as the rightful owner of the registration. (e.g. you are the surviving spouse or child of the deceased.)
- ☒ Other: \_\_\_\_\_

DIAMOND AUTO GLASS

09/15/2016 MD





State of Arizona – Office of the Secretary of State  
Assignment of a Trade Name

PAGE 2 OF 2

NEW OWNER INFORMATION – Continued from page 1

G. <input type="checkbox"/> FOREIGN CORPORATION Licensed to do business in Arizona	H. <input type="checkbox"/> OTHER (If other, please indicate type. Examples: firm, society, foundation, federation)
Foreign Corporation Name	Other Name

6. ASSIGNEE (New Owner) Nature of Business  
General nature of business conducted  
Repair and Replacement of Auto Glass

7. ASSIGNEE (New Owner) Contact Information ~ Addresses must be complete as they are used to mail certificates and renewal notices.

Mailing Address 1808 E Route 66		Apt., Space, Suite, or Floor #	
City Flagstaff	State AZ	Zip Code 86004	Business Phone Number (928 ) 779-4140

8. SIGNATURES – Each signature requires a separate notarization

Be it known for good and valuable consideration in hand paid, the receipt of which is hereby acknowledged, the identified Assignor(s) in Section 2, together with the good will of the business in connection with which the said trade name is used by these present does sell, assign and transfer unto the identified Assignee(s) in Section 5 the entire right, title and interest in and to the identified trade name in Section 1.

A. Assignor Signature – If two assignors are listed in Section 2D, both must sign.

1 <sup>st</sup> Assignor Printed Name Dealer Auto Glass AZ, LLC By: Chad Alexander	1 <sup>st</sup> Assignor Signature By: <i>[Signature]</i>	Date Month 08 Day 31 Year 2016		
State of Arizona County of Maricopa	On this 31 day of August, 2016 Chad Alexander (Name of Person Appearing Before the Notary) personally appeared before me and acknowledged that he/she signed this document for it's stated purpose.			
		<i>[Signature]</i> Notary Public		

2 <sup>nd</sup> Assignor (If applicable) Printed Name	2 <sup>nd</sup> Assignor Signature	Month	Day	Year
State of Arizona County of	On this ____ day of ____, 20__			

(Name of Person Appearing Before the Notary)  
personally appeared before me and acknowledged that he/she signed this document for it's stated purpose.

Notary Public

B. Assignee Signature – If two assignees are listed in Section 5D, both must sign.

1 <sup>st</sup> Assignee Printed Name Diamond Auto Glass, LLC	1 <sup>st</sup> Assignee Signature <i>[Signature]</i>	Month 09	Day 14	Year 2016
State of Arizona County of Coconino	On this 14th day of September, 2016 Stuart Weatherman (Name of Person Appearing Before the Notary) personally appeared before me and acknowledged that he/she signed this document for it's stated purpose.			
		<i>[Signature]</i> Notary Public		

2 <sup>nd</sup> Assignee (If applicable) Printed Name	2 <sup>nd</sup> Assignee Signature	Month	Day	Year
State of Arizona County of	On this ____ day of ____, 20__			

(Name of Person Appearing Before the Notary)  
personally appeared before me and acknowledged that he/she signed this document for it's stated purpose.

Notary Public





**MICHELE REAGAN**  
Secretary of State

## State of Arizona – Office of the Secretary of State Assignment of a Trade Name

### SEND BY MAIL TO:

Secretary of State Michele Reagan, Attn: Trade Name/Trademark Division  
1700 W. Washington Street, FL 7, Phoenix, AZ 85007-2808

### OR return this application in person:

PHOENIX - State Capitol Executive Tower, 1700 W. Washington Street, 2nd Fl., Room 220  
TUCSON - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141  
Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

**PLEASE NOTE:** The assignment of a Trade Name is not legally required in Arizona, but is an accepted business practice. The assignment is a public record and does not constitute exclusive rights to the holder of the Trade Name

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY  
SOSBSTNA REV. 1/28/2016

### ASSIGNOR/ASSIGNEE INSTRUCTIONS IN PERSON ONLY - We accept Major Credit Cards & Bank Debit Cards.

Owners of a trade name shall use this form to transfer a trade name already on file with the office to another person or entity. Applicants must be at least 18. This application must be signed and dated by both the assignor(s) (current owner) and assignee(s) (new owner) and notarized.

#### Trade Name or Trademark Registration/Address Change:

To register a Trade Name, use the Trade Name Registration Application. To register a Trademark, use the Trademark Registration Application. To report a change of address use the Trade Name Amendment form.

Processing: 2-3 weeks; expedited service (24-48 hours) available.

**Be Accurate:** Complete all applicable fields on this form. Write legibly; or fill out this application online at [www.azsos.gov](http://www.azsos.gov) and print it.

**Filing Fee and Payment:** \$10; expedited service, include an additional \$25. Checks or money orders shall be made payable to the Secretary of State.

**Questions?** Call (602) 542-6187; in-state/toll-free (800) 458-5842.

**Website:** All forms are available on the Secretary of State's Website, [www.azsos.gov](http://www.azsos.gov).

1. Name, title or designation to be assigned	SPACE BELOW FOR OFFICE USE ONLY	VALIDATION AREA
Trade Name (Names with a corporate ending are unacceptable. Examples: Inc., LLC, or Ltd.) <b>Diamond Auto Glass</b>		
Trade Name Number on Assignor (current owner) Trade Name Certificate <b>623483</b>		

### CURRENT OWNER INFORMATION

2. ASSIGNOR: Entity Type and CURRENT Owner Name The entity that CURRENTLY functions as the owner of this trade name? CHOOSE ONLY ONE.		
<input type="checkbox"/> A. SOLE PROPRIETORSHIP	<input type="checkbox"/> B. ASSOCIATION	<input type="checkbox"/> C. ORGANIZATION
Assignor Name	Association Name	Organization Name
<input type="checkbox"/> D. PARTNERSHIP (List name(s))		
Either provide the partnership name(s) OR multiple individuals by the Applicants' Name		
<input type="checkbox"/> E. CORPORATION *		<input checked="" type="checkbox"/> F. LIMITED LIABILITY COMPANY (LLC) *
Corporation Name	Limited Liability Company Name <b>Dealer Auto Glass AZ, LLC</b>	
*Corporation/LLC: If checked the owner must be on the Arizona Corporation Commission's website as a member/officer. The application will be returned if not incorporated.		
<input type="checkbox"/> G. FOREIGN CORP/FOREIGN LLC Licensed to do business in AZ.	<input type="checkbox"/> H. OTHER (If other, please indicate type below)	
Foreign Corporation/Foreign LLC Name	Other Name	

3. ASSIGNOR (Current Owner) Nature of Business
General nature of business conducted <b>Repair and Replacement of Auto Glass</b>

4. ASSIGNOR (Current Owner) Contact Information			
Assignor Mailing Address <b>10000 N 31st Ave</b>		Apt., Space, Suite, or Floor # <b>Suite D-302</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85383</b>	Business Phone Number <b>(602) 812-2433</b>

### NEW OWNER INFORMATION

5. ASSIGNEE: Entity Type and NEW Owner Name The entity that WILL function as the NEW owner of this trade name? CHOOSE ONLY ONE.		
<input type="checkbox"/> A. SOLE PROPRIETORSHIP (one person)	<input type="checkbox"/> B. ASSOCIATION	<input type="checkbox"/> C. ORGANIZATION
Assignee Name	Association Name	Organization Name
<input type="checkbox"/> D. PARTNERSHIP (List name(s))		
Either provide the partnership name(s) OR multiple individuals by the Applicants' First and Last Name		
<input checked="" type="checkbox"/> E. CORPORATION *		<input type="checkbox"/> F. LIMITED LIABILITY COMPANY (LLC) *
Corporation Name <b>Diamond Auto Glass Inc</b>	Limited Liability Company Name	
*Corporation/LLC: If checked the new owner must be on the Arizona Corporation Commission's website as a member/officer. The application will be returned if not incorporated.		

