

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90177 014 \*\*\*150.00

**DOCUMENT # F00000007169**

1. Entity Name

**PYRAMID MOULDINGS INC.**

Principal Place of Business

**10151 DEERWOOD PARK BV  
BG 300 STE 210  
JACKSONVILLE FL 32256**

Mailing Address

**10151 DEERWOOD PARK BV  
BG 300 STE 210  
JACKSONVILLE FL 32256**

2. Principal Place of Business

**300 S. MAGNOLIA AVE**

Suite, Apt. #, etc.

3. Mailing Address

**300 S. MAGNOLIA AVE**

Suite, Apt. #, etc.

City & State

**GREEN COVE SPRINGS FL**

City & State

**GREEN COVE SPRINGS FL**

Zip

**32093**

Country

**US**

Zip

**32093**

Country

**US**

4. FEI Number

**52-2283836**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 3231**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **SMITH, F. PATRICK DR.**  
STREET ADDRESS **201 INDUSTRIAL PARKWAY**  
CITY-ST-ZIP **SOMERVILLE NJ 08876**

TITLE **VT** ☐ Delete  
NAME **KATA, ED**  
STREET ADDRESS **201 INDUSTRIAL PARKWAY**  
CITY-ST-ZIP **SOMERVILLE NJ 08876**

TITLE **SCD** ☐ Delete  
NAME **MCWETHY, ANDREW J**  
STREET ADDRESS **201 INDUSTRIAL PARKWAY**  
CITY-ST-ZIP **SOMERVILLE NJ 08876**

TITLE **P** ☐ Delete  
NAME **MARTIN, RONALD R**  
STREET ADDRESS **9971 CEDAR KEG**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **S** ☐ Delete  
NAME **DAVIS, GORDON S JR**  
STREET ADDRESS **3121 SECRET WOODS TR W**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

**Apr 26, 2002**  
Date

**904-284-5611**  
Daytime Phone #

CR2E034 (9/01)