

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90806 041 ***150.00

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DOCUMENT # F00000007169

1. Entity Name

PYRAMID MOULDINGS INC.



Principal Place of Business

**300 S MAGNOLIA AVE
GREEN COVE SPRINGS FL 32043**

Mailing Address

**300 S MAGNOLIA AVE
~~86-300-07E-210~~
GREEN COVE SPRINGS FL 32043**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

300 S. MAGNOLIA AVE
Suite, Apt. #, etc.

City & State

City & State
GREEN COVE SPRINGS FL

Zip

Country

Zip
32043

Country

4. FEI Number **52-2283836**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

CR2E034 (10/02)