FILED
Aug 28, 2003 8:00 am
Secretary of State
07-03-2003 90031 008 ***158.75
08-13-2003 90076 034 ***391.25

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000057682

1. Entity Name

AMERICAN MOULDING Corporation

DO NOT WRITE IN THIS SPACE

55055211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
718 North Drive	718 North Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne FL	City & State: Melbourne FL
Zip: 32934 Country: USA	Zip: 32934 Country: USA

4. FEI Number: 03-0452041 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT SICOLI

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

630 HUMAN St.

City: PALM BAY FL Zip Code: 32905

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: PRESIDENT NAME: ROBERT SICOLI STREET ADDRESS: 630 HUMAN St. CITY-ST-ZIP: PALM BAY FL 32905	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP-TREASURER NAME: CHRIS BRYANT STREET ADDRESS: 1150 OLD PARSONAGE Dr. CITY-ST-ZIP: MERRITT ISLAND FL 32952	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP-SECRETARY NAME: JOHN SICOLI STREET ADDRESS: 1092 BAINBURY LN. CITY-ST-ZIP: MELBOURNE FL. 32904	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Chris R Bryant 6.25.03 321.259.9200
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #