

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040290

1. Entity Name

AMERICAN MOISTURE CONTROL, INC.

Principal Place of Business

10243 LEONARD RD.
PORT ST. LUCIE FL 34952

Mailing Address

10243 LEONARD RD.
PORT ST. LUCIE FL 34952

2. Principal Place of Business

AMERICAN MOISTURE CONTROL

3. Mailing Address

AMERICAN MOISTURE CONTROL

Suite, Apt. #, etc.

1721 SE BALMORAL CT

Suite, Apt. #, etc.

P.O. Box 8674

City & State

PORT ST LUCIE FL

City & State

PORT ST. LUCIE FL

Zip

34952

Country

U.S.A.

Zip

34985

Country

U.S.A.

6. Name and Address of Current Registered Agent

ANGAROLA, RALPH V
1721 BALMORAL COURT
PORT ST. LUCIE FL 34952

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ANGAROLA, RALPH V	
STREET ADDRESS	1721 BALMORAL CT.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT DON SLAFF	
STREET ADDRESS	2847 TODD ST	
CITY-ST-ZIP	OCEANSIDE CA. 92054	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG V ANGAROLA	
STREET ADDRESS	9765 PARK TERRACE DR. UNIT 7	
CITY-ST-ZIP	SANTEE CA. 92071	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIANCY KJOLLIEN	
STREET ADDRESS	2847 TODD ST	
CITY-ST-ZIP	OCEANSIDE CA. 92054	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEX F. RENGIFO	
STREET ADDRESS	490 VIA DEL NORTE	
CITY-ST-ZIP	OCEANSIDE CA. 92054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

RALPH V. ANGAROLA

RALPH V. ANGAROLA

Date

Daytime Phone #

535736



DO NOT WRITE IN THIS SPACE

0435728

CR2E034 (10/00)

561-337-2355