

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90127 027 ***150.00

DOCUMENT # P99000040290

1. Entity Name

AMERICAN MOISTURE CONTROL, INC.

Principal Place of Business

**AMERICAN MOISTURE CONTROL
 1721 SE BALMORAL CT
 PORT SAINT LUCIE FL 34952**

Mailing Address

**AMERICAN MOISTURE CONTROL
 1721 SE BALMORAL CT
 PORT SAINT LUCIE FL 34952**

2. Principal Place of Business

3. Mailing Address

AMERICAN MOISTURE CONTROL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 8674

City & State

City & State

PORT ST LUCIE FL

Zip

Country

Zip

Country

34985

U.S.A.

4. FEI Number

65-0920336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Ralph V. Angarola **PRESIDENT**

4-30-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☐ Delete
 NAME **ANGAROLA, RALPH V**
 STREET ADDRESS **1721 S.E. BALMORAL CT**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

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

TITLE **VP** ☒ Delete
 NAME **STAFF, ROBERT DON**
 STREET ADDRESS **2847 TODD ST**
 CITY-ST-ZIP **OCEANSIDE CA 92054**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **CRAIG ANGAROLA**
 STREET ADDRESS **9775 PARK TERRACE DR. UNIT 10**
 CITY-ST-ZIP **SANTEE CA 92071**

TITLE **S** ☒ Delete
 NAME **ANGAROLA, CRAIG V**
 STREET ADDRESS **9765 PARK TERRACE DRIVE UNIT 7**
 CITY-ST-ZIP **SANTEE CA 92071**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **RALPH V ANGAROLA**
 STREET ADDRESS **1721 SE BALMORAL CT**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **T** ☒ Delete
 NAME **JORLIEN, NANCY K**
 STREET ADDRESS **2847 TODD ST**
 CITY-ST-ZIP **OCEANSIDE CA 92054**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **CRAIG ANGAROLA**
 STREET ADDRESS **9775 PARK TERRACE DR. UNIT 10**
 CITY-ST-ZIP **SANTEE CA 92071**

TITLE **D** ☒ Delete
 NAME **RENGIFO, ALEX F**
 STREET ADDRESS **490 VIA DEL NORTE**
 CITY-ST-ZIP **OCEANSIDE CA 92054**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **DIANE M SERRA**
 STREET ADDRESS **7420 So. OCEAN BLVD**
 CITY-ST-ZIP **APT 312C JENSEN BEACH, FL 34957**

TITLE ☐ Delete
 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:

Ralph V. Angarola

RALPH V. ANGAROLA (561)337-2355

PRESIDENT/SEC 4-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)