

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91455 042 \*\*\*158.75

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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  
P O BOX 8674  
PORT ST LUCIE FL 34985

2. Principal Place of Business

150 SW S. WAKEFIELD CIR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

City & State

Zip

34953

Country

USA

Country

4. FEI Number

65-0920336

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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: RALPH V. ANGAROLA  
Street Address (P.O. Box Number is Not Acceptable): 150 SW. S. WAKEFIELD CIR  
City: PORT ST LUCIE FL Zip Code: 34953

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	ANGAROLA, RALPH V	
STREET ADDRESS	1721 S.E. BALMORAL CT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ANGAROLA, CRAIG	
STREET ADDRESS	9775 PARK TERRACE DR UNIT 10	
CITY-ST-ZIP	SANTEE CA 92071	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANGAROLA, RALPH	
STREET ADDRESS	1721 SE BALMORAL CT	
CITY-ST-ZIP	PORT-SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERRA, DIANE M	
STREET ADDRESS	7420 SO OCEAN BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH V. ANGAROLA	
STREET ADDRESS	150 SW. S. WAKEFIELD CIR	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	S, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG ANGAROLA	
STREET ADDRESS	6263 ANVIL LAKE AVE	
CITY-ST-ZIP	SAN DIEGO CA 92119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE SERRA	
STREET ADDRESS	7420 SO. OCEAN DR APT 312C	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORI ANGAROLA	
STREET ADDRESS	6263 ANVIL LAKE AVE	
CITY-ST-ZIP	SAN DIEGO CA 92119	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CITRIC SERRA	
STREET ADDRESS	481 SE VOLCKERS TRL	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	

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

4-29-03

Date

Daytime Phone #

CR2E034 (10/02)