


FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90140 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000003330			
1. Entity Name MEASUREABLE SOLUTIONS, INC.			
Principal Place of Business 420 S. GARDEN AVE 3RD FLOOR CLEARWATER, FL 33756		Mailing Address 420 S. GARDEN AVE 3RD FLOOR CLEARWATER, FL 33756	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 31-1341199		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRK, SHAUN 1528 FARRIER TRAIL CLEARWATER, FL 33765		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when dissolving)</small> DATE _____			
FILING FEE: \$150.00 After May 1, 2003 Fee will be \$850.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRK, SHAUN 1528 FARRIER TRAIL CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, JEFF F VPST 1771 KENESAW LN. CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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; 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 another I am empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 10 June 03 727-443-1786 <small>Daytime Phone #</small>	

90139884



☒ CHECK HERE IF MAKING CHANGES

CH2E004 (10/02)

Attachment



90139884
FO2000003330

MEASURABLE SOLUTIONS, INC.

10 June 03

To Whom It May Concern;

Enclosed is the UB Report form and fee for Measurable Solutions, Inc. We did not receive the UB Report and had to download it from the internet when we realized it had not been filed.

I talked with a representative from the Florida Dept of State and he instructed us to download it and get it immediately in the mail with a check for \$150.00 today. Please accept this registration.

Sincerely,

Kathy A. Wach
VP of Administration