

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90005 019 ***150.00

0465767 AV

DOCUMENT # H48376

1. Entity Name

MEASUREMENT SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**9225 ULMERTON ROAD
 SUITE D
 LARGO FL 33771
 US**

**P.O. BOX 1184
 LARGO FL 33779-1184
 US**



2. Principal Place of Business

3. Mailing Address

2430 ESTANCIA BLVD.

2430 ESTANCIA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 206

SUITE 206

City & State

City & State

CLEARWATER FL

CLEARWATER FL

Zip

Country

Zip

Country

33761

USA

33761

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2498075

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

**DUFF, SUSAN E
 7922 IDLEWILD LANE
 LARGO FL 33777**

(NEW ADDRESS ->)

Name

SUSAN E. DUFF

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

1001 STARKEY ROAD, #419

City

LARGO

FL

Zip Code

33771

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

SUSAN E. DUFF

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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	PDT	<input type="checkbox"/> Delete
NAME	DUFF, SUSAN	
STREET ADDRESS	7922 IDLEWILD LANE	
CITY-ST-ZIP	LARGO FL 33777-3107	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1001 STARKEY ROAD, #419	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SUSAN E. DUFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

727-791-3035

Daytime Phone #

CR2E034 (9/01)