

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90136 036 ***550.00

DOCUMENT # P97000024162

1. Entity Name

FRANK'S MEASURING SERVICE, INC.

Principal Place of Business

**122 NW 14TH ST
BOCA RATON FL 33486**

Mailing Address

**122 NW 14TH ST
BOCA RATON FL 33486**

2. Principal Place of Business

1222 NW 14th St
Suite, Apt. #, etc.

3. Mailing Address

1222 NW 14th St
Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. FEI Number

65-0738767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CALVERT, FRANK
8502 DYNASTY DRIVE
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **Frank Calvert**

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

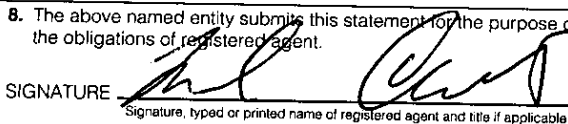
1222 NW 14th St

City **Boca Raton**

FL

Zip Code **33486**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE **7/15/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
NAME **CALVERT, FRANK**
STREET ADDRESS **1222 NW 14TH ST**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VP** ☐ Delete
NAME **CALVERT, STACY**
STREET ADDRESS **1222 NW 14TH ST**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Frank Calvert** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02

561-417-0720

Day

Daytime Phone #

CR2E034 (4/02)