

FILED
May 01, 2000 8:00 am
Secretary of State

DOCUMENT # P99000059453

1. Entity Name
THE MEASURING SERVICE, INC.

Principal Place of Business	Mailing Address
18 ORANGE AVE. SUITE B WINTER PARK FL 32789	918 ORANGE AVE. SUITE B WINTER PARK FL 32789-4707

2. Principal Place of Business 937 Birmingham Ct. Suite, Apt. #, etc. #201 City & State Lake Mary FL		3. Mailing Address P.O. Box 950938 Suite, Apt. #, etc. City & State Lake Mary FL	
Zip 32746	Country US	32746- 32745-2100	Country US

4. FEI Number <div style="font-size: 1.5em; font-family: cursive;">59-3584612</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Applied For</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Not Applicable</td> <td></td> </tr> </table>	Applied For		Not Applicable	
Applied For					
Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>	<div style="text-align: center; font-weight: bold; font-size: 1.2em;">\$8.75 Additional Fee Required</div>				

6. Name and Address of Current Registered Agent

NISI, FRANK P JR
918 ORANGE AVE, SUITE B
WINTER PARK FL 32789

7. Name and Address of New Registered Agent	
Name	FRANK P. NISI JR.
Street Address (P.O. Box Number is Not Acceptable)	
2003 Lake Howell Lane, Ste 101	
City	Maitland
FL	Zip Code 32751

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 Frank P. Wood, Jr.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ² 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, 2000 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D LITTON, PEGGY L 937 BIRMINGHAM CT #201 LAKE MARY FL 32746	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
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
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
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
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

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 an other like empowered.

SIGNATURE: Kerry D. Feltner 407-921-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)