

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90083 042 \*\*\*150.00

**DOCUMENT # F98000006328**

1. Entity Name

**DANIEL MEASUREMENT SERVICES, INC.**

Principal Place of Business

Mailing Address

9753 PINE LAKE DR.  
HOUSTON TX 77055

PO BOX 19097  
HOUSTON TX 77224-9097

032809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**76-0497827**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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	PD SITTON, J D 9753 PINE LAKE DRIVE HOUSTON TX 77055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, MICHAEL B 9753 PINE LAKE DRIVE HOUSTON TX 77055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREHM, PETER 9753 PINE LAKE DRIVE HOUSTON TX 77055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TIDWELL, JAMES M 9753 PINE LAKE DRIVE HOUSTON TX 77055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS YELLIN, MICHAEL R 9753 PINE LAKE DRIVE HOUSTON TX 77055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOWMAN, KATIE-PAT 9753 PINE LAKE DRIVE HOUSTON TX 77055	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV D.G. PERKINS 9753 PINE LAKE DR. HOUSTON TX 77055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GENE SCHNABEL 9753 PINE LAKE DR. HOUSTON TX 77055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D.C. MOON 9753 PINE LAKE DR. HOUSTON TX 77055	<input type="checkbox"/> Change <input checked="" 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 all other like empowered.

SIGNATURE: *Gene A Schnabel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE SCHNABEL - VP

3/23/00

Date

(713) 467-6000

Daytime Phone #

**List Of Attachments for DMS Florida**

Attachment  
U32809  
F980000003i

**OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T L.J. AERTKER 9753 PINE LAKE DR. HOUSTON, TX 77055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S R.C. PALMER 9753 PINE LAKE DR. HOUSTON, TX 77055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S H.M. SMITH 9753 PINE LAKE DR. HOUSTON, TX 77055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S T.G. WESTMAN 9753 PINE LAKE DR. HOUSTON, TX 77055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T F.J. DELLAQUILA 9753 PINE LAKE DR. HOUSTON, TX 77055