

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028701

1. Entity Name

ANSWER FLORIDA, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90044 045 ***150.00

Principal Place of Business	Mailing Address
4400 PGA BLVD STE 102 PALM BEACH GARDENS FL 33410	4400 PGA BLVD STE 102 PALM BEACH GARDENS FL 33410-6534

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		PO Box 40955	
City & State		St. PETERSBURG	
Zip		City & State	FL.
Country	Zip	Country	US
	33743		

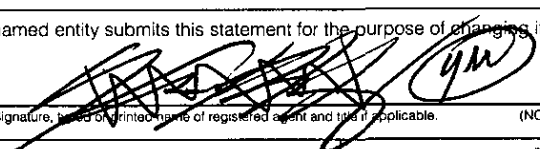
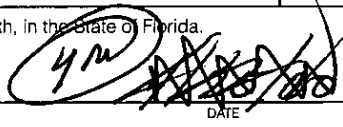


DO NOT WRITE IN THIS SPACE

4. FEI Number		59-3514618		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	
SILVERMAN, THOMAS N ESQ 4400 PGA BLVD STE 102 PALM BEACH GARDENS FL 33410		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	

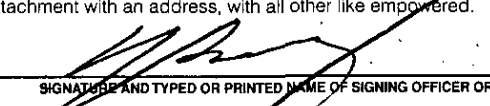
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	LEVY, Y. ROSS	NAME	
STREET ADDRESS	6750 22ND AVE NORTH POB DX 40955	STREET ADDRESS	PO Box 40955
CITY-ST-ZIP	ST PETERSBURG FL 33710	CITY-ST-ZIP	ST. PETERSBURG 33743-0955
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  4/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #