FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90124 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028701

1. Entity Name
ANSWER FLORIDA, INC.

831308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4400 PGA BLVD.		PO BOX 40955	
Suite, Apt. #, etc. STE 102		Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS		City & State ST. PETERSBURG	
Zip 33410	Country	Zip 33743	Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name SILVERMAN, THOMAS N. Esq.
Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BLVD
SUITE 102
City PALM BEACH GARDENS FL Zip Code 33410

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	LEVY, Y. ROSS	NAME	
STREET ADDRESS	PO BOX 40955	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33743	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 4/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #