

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000003777

1. Entity Name

Get Answers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18305 Biscayne Blvd.

Suite, Apt. #, etc.

Ste. 212

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Aventura

City & State

Zip

33160

Country

USA

Zip

Country

4. FEI Number

522242423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sheldon Zipkin, Esq.

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

2020 NE 163rd Street

3rd Floor

City

North Miami Beach FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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

N/A

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: President
NAME: James Koenig
STREET ADDRESS: 18305 Biscayne Blvd, Ste 212
CITY-ST-ZIP: Aventura, FL 33160

TITLE: Chief Operating Officer
NAME: Robert Cournoyer
STREET ADDRESS: 18305 Biscayne Blvd, Ste 212
CITY-ST-ZIP: Aventura, FL 33160

TITLE: Chief Technical Officer
NAME: Mike Lambert
STREET ADDRESS: (same as above)
CITY-ST-ZIP:

TITLE: Chief Financial Officer / Treasurer
NAME: Peter Savitz
STREET ADDRESS: (same as above)
CITY-ST-ZIP:

TITLE: Executive Vice-President
NAME: Ronald Welch
STREET ADDRESS: (same as above)
CITY-ST-ZIP:

TITLE: Secretary
NAME: Constance Boyd
STREET ADDRESS: (same as above)
CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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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:

Ronald Welch

8-20-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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