

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071209

1. Entity Name

ASK A HEART SURGEON.COM, INC.

Principal Place of Business

3266 ANTHONY DRIVE
ST. CLOUD FL 34771

Mailing Address

3266 ANTHONY DRIVE
ST. CLOUD FL 34771

2. Principal Place of Business

3. Mailing Address

P.O. Box 452845

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee, Florida

Zip

Country

Zip

Country

34745-2845

USA

4. FEI Number

59-3659109

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

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE FL 34741

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, 2001 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
PSD
WILSON, BARBARA A
3266 ANTHONY DRIVE
ST. CLOUD FL 34771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

Barbara A. Wilson, Pres Barbara A. Wilson, Pres

Date

3/29/01 4073483749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90091 010 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)