

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90043 010 ***150.00

DOCUMENT # P94000088757

1. Entity Name
ANSER, INC.

Principal Place of Business

**831 SE MONTEREY RD.
STUART FL 34994**

Mailing Address

**700 COLORADO AVE
STUART FL 34994**

914291



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2635 NW 28th Place

3. Mailing Address

2635 NW 28th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32605

Country

USA

Zip

32605

Country

USA

4. FEI Number

65-0544809

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

**FOGT, THOMAS A ESQ.
700 COLORADO AVE.
STUART FL 34994**

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

1/31/01

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 **PTD** ☐ Delete
NAME **PUETT, EDWIN E JR**
STREET ADDRESS **851 SE MONTEREY RD.**
CITY-ST-ZIP **STUART FL 34994**

TITLE **Vice Pres. / Director / Treas** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **THURBER, MARY C**
STREET ADDRESS **2635 NE 28TH PL**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **Director / President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Deborah D. Hoas**
STREET ADDRESS **1791 SW Del Rio Blvd.**
CITY-ST-ZIP **Port St. Lucie, FL 34953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Walter Dippy**
STREET ADDRESS **302 Detroit Ave.**
CITY-ST-ZIP **Stuart, FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Ron Hoover**
STREET ADDRESS **80 Front St. E. Apt. 203**
CITY-ST-ZIP **Toronto, Ontario M5E 1T4**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary / Director** ☐ Change ☒ Addition
NAME **Kathy Ward**
STREET ADDRESS **3305 Collingwood**
CITY-ST-ZIP **Alpharetta, GA 30022**

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:

Deborah D. Hoas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

501/288-3303

CR2E034 (10/00)