

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90145 002 ***150.00

DOCUMENT # P94000088757

1. Entity Name
ANSER, INC.

Principal Place of Business

**2635 NW 28TH PLACE
 GAINESVILLE FL 32605**

Mailing Address

**2635 NW 28TH PLACE
 GAINESVILLE FL 32605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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, 2002 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 **VPTD** ☐ Delete
 NAME **PUETT, EDWIN E JR**
 STREET ADDRESS **851 SE MONTEREY RD.**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **VPTD** ☒ Change ☐ Addition
 NAME **PUETT, EDWINE JR**
 STREET ADDRESS **38 EAST HIGH POINT ROAD**
 CITY-ST-ZIP **STUART, FL, 34994**

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

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

TITLE **D** ☒ Delete
 NAME **HAS, DEBORAH D**
 STREET ADDRESS **1791 SW DEL RIO BLVD**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **DIRECTOR** ☐ Change ☐ Addition
 NAME **HAS, DEBORAH D.** ☒ DELETE
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DIPPY, WALTER**
 STREET ADDRESS **509 SE RIVERSIDE DRIVE**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☒ Change ☐ Addition
 NAME **DIPPY, WALTER**
 STREET ADDRESS **509 SE RIVERSIDE DRIVE**
 CITY-ST-ZIP **STUART, FL, 34994**

TITLE **D** ☐ Delete
 NAME **HOOVER, RON**
 STREET ADDRESS **80 FRONT ST. E. APT. 228**
 CITY-ST-ZIP **TRONTO ONTARIO M5E- 1T4**

TITLE **D** ☒ Change ☐ Addition
 NAME **HOOVER, RIN**
 STREET ADDRESS **80 FRONT ST SUITE 416**
 CITY-ST-ZIP **TORONTO, ONTARIO, CANADA, M5E 1T4**

TITLE **SD** ☐ Delete
 NAME **WARD, KATHY**
 STREET ADDRESS **3305 COLLINGWOOD**
 CITY-ST-ZIP **ALPHARETTA GA 30022-3428**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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. **MARY C. THURBER**

SIGNATURE: *Mary C. Thurber*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APRIL 2002 **352-371-366**
 Date Daytime Phone #

CR2E034 (9/01)