

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90655 001 ***600.00

DOCUMENT # P95000071089

1. Entity Name

ANSWERS SYSTEMS INC.

Principal Place of Business

**2120 CALUMET ST
 CLEARWATER FL 34625**

Mailing Address

**2120 CALUMET ST
 CLEARWATER FL 34625**

2. Principal Place of Business

Answers Systems Inc.

Suite, Apt. #, etc.

4029 Tampa Rd.

City & State

Oldsmar, FL

Zip

34677

Country

U.S.

3. Mailing Address

Answers Systems, Inc.

Suite, Apt. #, etc.

4029 Tampa Rd.

City & State

Oldsmar, FL

Zip

34677

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3339372

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HILTON, VIVIAN D
 2120 CALUMET ST
 CLEARWATER FL 34625**

7. Name and Address of New Registered Agent

Name

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

4029 Tampa Rd.

City

Oldsmar

FL

Zip Code

34677

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

TITLE **D** ☐ Delete
 NAME **HILTON, VIVIAN D**
 STREET ADDRESS **2120 CALUMET ST**
 CITY-ST-ZIP **CLEARWATER FL 34625**

TITLE **VS** ☐ Delete
 NAME **BLOCK, ROTH M**
 STREET ADDRESS **2120 CALUMET ST**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **V** ☐ Delete
 NAME **JACKSON, SAMUEL H**
 STREET ADDRESS **2120 CALUMET ST**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4029 Tampa Rd.**
 CITY-ST-ZIP **Oldsmar, FL 34677**

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)