

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069854

1. Entity Name  
ANSER THERMAL TECHNOLOGIES, INC.

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90043 011 \*\*\*150.00

Principal Place of Business

851 SE MONTEREY RD  
STUART FL 34994

Mailing Address

700 COLORADO AVE  
STUART FL 34994

914290

2. Principal Place of Business

2635 NW 28th Place  
Suite, Apt. #, etc.

3. Mailing Address

2635 NW 28th Place  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

65-1004364

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

32605

Country

USA

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 AVENUE  
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, 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  
VDT  
PUETT, EDWIN  
C/O 700 COLORADO AVE  
STUART FL 34994 ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HAAS, DEBORAH D  
1791 SW DEL RIO BLVD  
PORT ST LUCIE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director only ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DIPPY, WALTER  
302 DETROIT AVE  
STUART FL 34994 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HOOVER, RON  
80 FRONT STREET E, APT #223  
TORONTO, ONTARIO M5E 1T4 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director only ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director / Secretary ☒ 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: Deborah D. Haas, Deborah D. Haas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

561/288-3303

Daytime Phone #

CR2E034 (10/00)