

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90216 004 ***150.00

DOCUMENT # P96000069854

1. Entity Name

ANSER THERMAL TECHNOLOGIES, 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

65-1004264

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 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, 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 **VDT**
 NAME **PUETT, EDWIN**
 STREET ADDRESS **C/O 700 COLORADO AVE**
 CITY-ST-ZIP **STUART FL 34994**

☐ Delete

TITLE **VP-T.D**
 NAME **EDWINE E. PUETT, JR**
 STREET ADDRESS **38 EAST HIGH POINT ROAD**
 CITY-ST-ZIP **STUART, FL, 34994**

☒ Change ☐ Addition

TITLE **DP**
 NAME **THURBER, MARY C**
 STREET ADDRESS **2635 NE 28TH PLACE**
 CITY-ST-ZIP **GAINESVILLE FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

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

☐ Delete

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

☒ Change ☐ Addition

TITLE **D**
 NAME **HOOVER, RON**
 STREET ADDRESS **80 FRONT STREET E, APT 1233**
 CITY-ST-ZIP **TORONTO, ONTARIO M5E 1T4**

☐ Delete

TITLE **D**
 NAME **HOOVER, RON**
 STREET ADDRESS **80 FRONT STREET EAST, SUITE 416**
 CITY-ST-ZIP **TORONTO, ONTARIO, CANADA M5E 1T4**

☒ Change ☐ Addition

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

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

27 APRIL 2002 **352-371-3606**
 Date Daytime Phone #

CR2E034 (9/01)