

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90166 029 ***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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FOGT, THOMAS A ESQ.
700 COLORADO AVENUE
STUART FL 34994

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE
NAME

VPTD
PUETT, EDWIN JR
38 EAST HIGH POINT RD
STUART FL 34994

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

DP
THURBER, MARY C
2635 NE 28TH PLACE
GAINESVILLE FL

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D
DIPPY, WALTER
509 SE RIVERSIDE DR
STUART FL 34994

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D
HOOVER, RON
509 SE RIVERSIDE DR
STUART FL 34994

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

DS
WARD, KATHY
3305 COLLINGWOOD
ALPHARETTA GA 30022

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ Delete

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARY C THURBER* **REMARKED THURBER, 14 FEB 2003 352-371-3606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #