

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062542

1. Entity Name

Y2KANSWERS, INC.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90027 042 ***150.00

Principal Place of Business

150 PALM CIR.
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

150 PALM CIR.
ALTAMONTE SPRINGS FL 32714-2848
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1060 LOTUS PKWY

Suite, Apt. #, etc.

1015

City & State

ALTAMONTE SPRINGS FL

4. FEI Number

59-3524198

Applied For

Not Applicable

Zip

Country

Zip

Country

32714

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

FERNANDES, WYNN
150 PALM CIR.
ALTAMONTE SPRINGS FL 32714

Name

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

1060 LOTUS PKWY #1015

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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, 2000 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 PT ☐ Delete
NAME FERNANDES, WYNN
STREET ADDRESS 150 PALM CIR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☒ Change ☐ Addition
NAME 1060 LOTUS PKWY STE. 1015
STREET ADDRESS ALTAMONTE SPRINGS, FL, 32714
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME FERNANDES, RICHARD
STREET ADDRESS 150 PALM CIR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

4/13/2000

Date

407-521-0485

Daytime Phone #