

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-18-2000 90087 031 ***150.00

DOCUMENT # V52273

1. Entity Name

ANSWER BAY AREA, INC.

R

Principal Place of Business

2807 W. BUSCH BLVD
SUITE 103
TAMPA FL 33618
US

Mailing Address

2807 W. BUSCH BLVD.
SUITE 103
TAMPA FL 33618
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3133927

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RITCHIE, PETER A
2807 W. BUSCH BLVD. SUITE 103
TAMPA FL 33572

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
CDPS
RITCHIE, PETER A
2807 W. BUSCH BLVD. SUITE 103
TAMPA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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:

SIGNATURE PETER A RITCHIE

7-10-0 (813) 933-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

8-9-0

Attachment $\frac{V52273}{107467}$

Dear Sirs,

PLEASE BE ADVISED THAT I NEVER RECEIVED
YOUR ORIGINAL MAILING. WE ARE A
VERY SMALL COMPANY AND CAN NOT
AFFORD A PENALTY OF THIS MAGNITUDE.
WE HAVE ALWAYS PAID OUR TAXES AND
OTHER FEES DUE IN A PROMPT FASHION.
I ALSO AM THE ONLY ONE WHO RECEIVED
THE MAIL AT MY COMPANY AND CAN
ASSURE YOU WE DID NOT RECEIVE THE
INITIAL MAILING.

PLEASE RE-CONSIDER THIS REQUEST TO
ABATE THE FILING PENALTY.

Thank You, PETE RITCHIE