

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90045 047 ***150.00

DOCUMENT # P95000037047

1. Entity Name
JUST ASK, INC.

Principal Place of Business Mailing Address
11305 4TH STREET E. **11305 4TH STREET E.**
TREASURE ISLAND FL 30706 **TREASURE ISLAND FL 33706-1211**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
488 Sandy Hook Road **488 Sandy Hook Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Treasure Island FL **Treasure Island FL**

Zip Country Zip Country
33706 **33706** **33706** **33706**

4. FEI Number Applied For
59-3314267 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

VALMAIN, RICHARD C
11305 4TH STREET E.
TREASURE ISLAND FL 30706

Name
 Street Address (P.O. Box Number is Not Accepted)
488 Sandy Hook Road
 City State Zip Code
Treasure Island FL 33706

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VALMAIN, RICHARD C 11305 4TH ST. E. TREASURE ISLAND FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 488 Sandy Hook Road Treasure Island FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, DANIEL J 3406 RIDGE RD PALM HARBOR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURCH, JULIA C 11305 4TH ST. E. TREASURE ISLAND FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 488 Sandy Hook Road Treasure Island FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Julia C Burch Date: 2-23-00 Daytime Phone #: 727-367-9443

CR2E034 (9/99)