

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006931

1. Entity Name

ASK COMPUTER CENTER, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90152 034 ****61.25

Principal Place of Business

3804 E HANNA AVE
TAMPA FL 33610

Mailing Address

P O BOX 310642
TAMPA FL 33680-0642

2. Principal Place of Business

10940 N. 56th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite Apt. #, etc.

205

City & State

Temple Terrace, FL

4. FEI Number

59-3497559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILSON, GALE
3804 E HANNA AVE
TAMPA FL 33610

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	DP	PHILSON, GALE M	3804 E HANNA AVE TAMPA FL 33610	<input type="checkbox"/>
	DVT	EVANS, TERRANCE P	3804 E HANNA AVE TAMPA FL 33610-3759	<input type="checkbox"/>
	DS	WASHINGTON, GINA	3804 E HANNA TAMPA FL 33610	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	D	Jenkins, Lisa	5814 Rustic Wood Lane Durham, NC 27713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)