

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006931

1. Entity Name

ASK COMPUTER CENTER, INC.

Principal Place of Business

10940 N 56TH ST
STE 205
TEMPLE TERRACE FL 33617

Mailing Address

P O BOX 310642
TAMPA FL 33680-0642

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 DP ☐ Delete
NAME PHILSON, GALE M
STREET ADDRESS 3804 E HANNA AVE
CITY-ST-ZIP TAMPA FL 33610

TITLE DVT ☐ Delete
NAME EVANS, TERRANCE P
STREET ADDRESS 3804 E HANNA AVE
CITY-ST-ZIP TAMPA FL 33610-3759

TITLE D ☐ Delete
NAME JENKINS, LISA
STREET ADDRESS 5814 RUSTIC WOOD LANE
CITY-ST-ZIP DURHAM NC 27713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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: *MOGNA* **NO SIGNATURE REQUIRED**

4/27/01 (8B) 238-7643

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90075 041 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)