

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075468

1. Entity Name
ASK TECHNOLOGIES, INC.

Principal Place of Business

1980 PINEWOOD RD.
MELBOURNE FL 32934

Mailing Address

3600 DALLAS HWY. #230142
MARIETTA GA 30064

2. Principal Place of Business

21723 82nd ST

Suite, Apt. #, etc.

3. Mailing Address

819 N. Commons Ln.

Suite, Apt. #, etc.

City & State

LIVE OAK FL

City & State

Marietta, GA

Zip

32060

Country

USA

Zip

30062

Country

USA

4. FEI Number

62-1702820

Applied For

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

FAGAN, JOANNE
360 TOLLEY AVE.
MELBOURNE FL 32934

Name

Nicole McAlister

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

10394 County Road 10A

City

Live Oak

FL

Zip Code

32060

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

Nicole McAlister

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/01

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, 2001 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
NAME KITCHEL, C. AL
STREET ADDRESS 3600 DALLAS HWY. #230142
CITY-ST-ZIP MARIETTA GA 30064 ☐ Delete

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

TITLE VP
NAME KITCHEL, SANDRA L
STREET ADDRESS 3600 DALLAS HWY. #230142
CITY-ST-ZIP MARIETTA GA 30064 ☐ Delete

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

TITLE S
NAME FAGAN, SANDRA
STREET ADDRESS 360 TOLLEY AVE.
CITY-ST-ZIP MELBOURNE FL 32934 ☒ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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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:

Sandra L. Kitchel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01 770 494 5439

Date Daytime Phone #

CR2E034 (10/00)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90136 009 ***150.00



DO NOT WRITE IN THIS SPACE