

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90007 047 ***150.00

DOCUMENT # P98000028360

1. Entity Name
A.S.K. TRAINING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**10940 NORTH 56 STREET
 #202
 TAMPA FL 33617**

**P.O. BOX 310642
 TAMPA FL 33680-0642**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10940 N. 56th Street

Suite/Apt. #, etc.

Suite 202

City & State

City & State

Temple Terrace, FL

Zip

Zip

Country

Country

33617

4. FEI Number

59-3497557

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

**PHILSON, GALE M
 3804 E. HANNA AVE.
 TAMPA FL 33610-3759**

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 \$150.00
 After May 1, 2002 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 **PD** ☐ Delete
 NAME **PHILSON, GALE M**
 STREET ADDRESS **3804 E. HANNA AVE.**
 CITY-ST-ZIP **TAMPA FL 33610-3759**

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

CR2E034 (9/01)

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: *Terrance Evans* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2002

813-983-9288

Date

Daytime Phone #