

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 453898**

1. Entity Name

**RONALD E. ASKELAND, D.D.S., P.A.**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90048 033 \*\*\*150.00

Principal Place of Business

100 S.W. 6TH ST.  
 POMPANO BEACH FL 33060-7918

Mailing Address

100 S.W. 6TH ST.  
 POMPANO BEACH FL 33060-7918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1531723**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ASKELAND, RONALD E.**  
**100 S.W. 6 ST.**  
**POMPANO BEACH FL 33060**

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ASKELAND, D.D.S. RONALD E</b>	
STREET ADDRESS	<b>3000 N.E. 39TH ST.</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ASKELAND, JOELLEN</b>	
STREET ADDRESS	<b>3000 N.E. 39TH ST.</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KVITTEM, D.D.S. BRADLEY M</b>	
STREET ADDRESS	<b>2642 MARION DRIVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>ASKELAND, RONALD E</b>	
STREET ADDRESS	<b>100 SW 6TH ST</b>	
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOLF, WILLIAM C.</b>	
STREET ADDRESS	<b>7821 NW 5TH PL</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RONALD E. ASKELAND, D.D.S.**  
**P.A.**

Date

Daytime Phone

**3/13/00**  
**954 942 4830 off**  
**954 782 5486 Hm**

CR2F034 (9/99)