

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0170627 AV

03-31-2002 90352 042 ***150.00

DOCUMENT # 453898
 1. Entity Name
RONALD E. ASKELAND, D.D.S.,P.A.

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~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2000 S. PATRICK DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
2000 S. PATRICK DRIVE
 Suite, Apt. #, etc.

City & State
INDIAN HARBOUR BCH, FL.

City & State
INDIAN HARBOUR BEACH, FL.

Zip
32937

Country
USA

4. FEI Number
59-1531723

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2000 S. PATRICK DRIVE
 City
INDIAN HARBOUR BCH FL Zip Code
32937

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 *Ronald E. Askeland* DATE **3/20/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 ISLAND VIEW DRIVE INDIAN HARBOUR BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 ISLAND VIEW DRIVE INDIAN HARBOUR BCH, FL. 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronald E. Askeland* DATE: **3/20/02** DAYTIME PHONE #: **321-773-2333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP12E034 (9/01)