

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90034 022 ***150.00

DOCUMENT # 466656

1. Entity Name
DARYL E. ASKELAND, D.M.D., P.A.

Principal Place of Business Mailing Address
2000 SOUTH PATRICK DRIVE 2000 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937-4462

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1564367** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DOWNEY, ROBERT B.
2000 SOUTH PATRICK DRIVE
INDIANA HAR BCH FLORIDA 32937

7. Name and Address of New Registered Agent
 Name **Daryl E. Askeland, D.M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
2000 S. Patrick Drive
 City **Indian Harbour Beach 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 **Daryl E. Askeland, D.M.D., President 1-13-00**
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 NAME STREET ADDRESS CITY-ST-ZIP	P DOWNEY, ROBERT B. 2000 S. PATRICK DR. INDIAN HAR BCH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T Daryl E. Askeland, D.M.D. 2000 S. Patrick Dr. Indian Harbour Beach, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWNEY, ANN L. 2000 S. PATRICK DR. INDIAN HAR BCH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Daryl E. Askeland, D.M.D. 1-13-00 (407) 773-2335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)