

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90006 018 \*\*\*150.00

DOCUMENT # P97000075721

1. Entity Name

ASF MANAGEMENT, INC.

Principal Place of Business  
~~8604 HONEYCOMB DR~~ 8114 CHICKASAW LANE  
 PORT RICHEY FL 34668

Mailing Address  
~~8604 HONEYCOMB DR~~ 8114 CHICKASAW LANE  
 PORT RICHEY FL 34668-1222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 8114 CHICKASAW LANE  
 Suite, Apt. #, etc.

3. Mailing Address  
 8114 CHICKASAW LANE  
 Suite, Apt. #, etc.

City & State  
 PORT RICHEY, FL.

City & State  
 PORT RICHEY FL.

4. FEI Number  
 59-3471043

Applied For  
 Not Applicable

Zip  
 34668

Country  
 PASCO

Zip  
 34668

Country  
 PASCO

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

FJELDBERG, SVEIN O  
~~8604 HONEYCOMB DR~~ 8114 CHICKASAW LANE  
 PORT RICHEY FL 34668

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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FJELDBERG, SVEIN O		NAME		
STREET ADDRESS	<del>8604 HONEYCOMB DR</del> 8114 CHICKASAW LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		CITY-ST-ZIP		
TITLE	STVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FJELDBERG, ARNIE D		NAME		
STREET ADDRESS	<del>8604 HONEYCOMB DR</del> 8114 CHICKASAW LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FJELDBERG, ARNIE D		NAME		
STREET ADDRESS	<del>8604 HONEYCOMB DR</del> 8114 CHICKASAW LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: Arnie Fjeldberg ARNIE FJELDBERG 4-17-00 727-815-3625  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)