

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90011 034 ***150.00

0557071

DOCUMENT # P97000075721

1. Entity Name
ASF MANAGEMENT, INC.

Principal Place of Business 8114 CHICKASAW LN PORT RICHEY FL 34668 4333 WESTWOOD DRIVE HOLIDAY, FL. 34691	Mailing Address 8114 CHICKASAW LN PORT RICHEY FL 34668 4333 WESTWOOD DRIVE HOLIDAY, FL. 34691
---	---



2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3471043		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FJELDBERG, SVEIN O 8114 CHICKASAW LN PORT RICHEY FL 34668 4333 WESTWOOD DRIVE HOLIDAY, FL. 34691				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	8114 CHICKASAW LN			STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL 34668			CITY-ST-ZIP			
	4333 WESTWOOD DRIVE						
	HOLIDAY, FL. 34691						
TITLE	STVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FJELDBERG, ARNIE D			NAME			
STREET ADDRESS	8114 CHICKASAW LN			STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL 34668			CITY-ST-ZIP			
	4333 WESTWOOD DRIVE						
	HOLIDAY, FL. 34691						
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FJELDBERG, ARNIE D			NAME			
STREET ADDRESS	8114 CHICKASAW LN			STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL 34668			CITY-ST-ZIP			
	4333 WESTWOOD DRIVE						
	HOLIDAY, FL. 34691						
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 D. Feldberg **ARNIE D. FJELDBERG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01 727-815-3625
Date Daytime Phone #

CR2E034 (10/00)