

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00944

1. Entity Name

SCARBROUGH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

918 LINCOLN AVENUE
C/O SYDNEY SCARBROUGH
STUART FL 34994

918 LINCOLN AVENUE
C/O SYDNEY SCARBROUGH
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2022543

Applied For

Not Applicable

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

SCARBROUGH, SYDNEY
918 LINCOLN AVENUE
STUART FL 33497

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

Sydney Scarbrough
Signature, typed or printed name of registered agent, and title if applicable
SYDNEY SCARBROUGH

(NOTE: Registered Agent signature required when reinstating)

1/20/01
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, 2001: 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	PD	<input type="checkbox"/> Delete
NAME	SCARBROUGH, SYDNEY	
STREET ADDRESS	918 LINCOLN AVE	
CITY-ST-ZIP	STUART FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCARBROUGH, EUGENE	
STREET ADDRESS	918 LINCOLN AVE	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
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)(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:

Sydney Scarbrough
Signature and typed or printed name of signing officer or director
SYDNEY SCARBROUGH PRES

1/30/01 561 2874588
Date Daytime Phone #

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-31-2001 90030 028 ****15.00
02-26-2001 90520 019 ****135.00

C0024482



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)