

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G59749

1. Entity Name

THE WAGON WORKS, INC.

Principal Place of Business

Mailing Address

% DON SCARBOROUGH  
4017 ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32207

% DON SCARBOROUGH  
4017 ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32043-9528

2. Principal Place of Business

376 Arthur Moore Dr.  
Suite, Apt. #, etc.

3. Mailing Address

376 Arthur Moore Dr.  
Suite, Apt. #, etc.

City & State

GCS FL  
Zip 32043 Country Clay

City & State

GCS FL  
Zip 32043 Country Clay

4. FEI Number

59-2393418

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLRED, SANDRA  
376 ARTHUR MOORE DRIVE  
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name Don Scarborough  
Street Address (P.O. Box Number is Not Acceptable) 376 Arthur Moore Dr.  
City Green Cove Spgs FL Zip Code 32043

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 Don Scarborough

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-2000

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCARBOROUGH, DON	
STREET ADDRESS	376 ARTHUR MOORE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALLRED, SANDRA	
STREET ADDRESS	376 ARTHUR MOORE DR	
CITY-ST-ZIP	GCS, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scarborough, Don	
STREET ADDRESS	376 Arthur Moore Dr.	
CITY-ST-ZIP	GCS FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allred Sandra	
STREET ADDRESS	376 Arthur Moore Dr	
CITY-ST-ZIP	GCS FL 32043	
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 Don Scarborough REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000

DATE

904-282-1883

Daytime Phone #

FILED  
May 21, 2000 8:00 am  
Secretary of State

05-21-2000 90003 017 \*\*\*150.00

00007001



DO NOT WRITE IN THIS SPACE