

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046563

1. Entity Name

CROWN CONNECTION, INC.

FILED

Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90048 023 ***150.00

Principal Place of Business

Mailing Address

207 W SABAL PT
LONGWOOD FL 32779
US

207 W SABAL PT
LONGWOOD FL 32779
US

714278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

251 Maitland Ave

251 Maitland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 215

Suite 215

City & State

City & State

Altamonte Springs, FL

Altamonte Springs

Zip

Country

Zip

Country

32701

USA

32701

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCROGGINS, CLAIRECE KIBLE
486 N PIN OAK PLACE SUITE 100
LONGWOOD FL 32779

Name

Scroggins, Clairece

Street Address (P.O. Box Number is Not Acceptable)

207 W. Sabal Palm Pl.

City

Longwood

FL

Zip Code

32779

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCROGGINS, CLAIRECE KIBLE	
STREET ADDRESS	486 N PIN OAK PLACE SUITE 100	
CITY-ST-ZIP	LONGWOOD FL 32779	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scroggins, Clairece	
STREET ADDRESS	207 W. Sabal Palm PL	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scroggins, Rod	
STREET ADDRESS	207 Sabal Palm PL	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gentry, Carol	
STREET ADDRESS	251 Maitland Ave, Suite 215	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

Date

407-772-7844

Daytime Phone #

CR2E034 (9/99)