

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90123 036 ***150.00

DOCUMENT # P93000046563

1. Entity Name
CROWN CONNECTION, INC.

Principal Place of Business

251 MALTAND AVE
215
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

251 MALTAND AVE
215
ALTAMONTE SPRINGS FL 32701
US

2. Principal Place of Business

270 Needles Trail
Suite, Apt. #, etc.

3. Mailing Address

270 Needles Trail
Suite, Apt. #, etc.

City & State

Longwood, Florida

City & State

Longwood, Florida

Zip
32779

Country

USA

Zip
32779

Country

USA

4. FEI Number 59-3189812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCROGGINS, CLAIRECE KIBLE
207 W SABAL PALM PL
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name Scroggins, Lois Clairece

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

270 Needles Trail

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, 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 P
NAME SCROGGINS, CLAIRECE KIBLE
STREET ADDRESS 207 W SABAL PALM PL
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE VP
NAME SCROGGINS, ROD
STREET ADDRESS 207 SABAL PALM PL
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE S
NAME GENTRY, CAROL
STREET ADDRESS 251 MALTAND AVE # 215
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Scroggins, Lois Clairece
STREET ADDRESS 270 Needles Trail
CITY-ST-ZIP Longwood, FL 32779 ☒ Change ☐ Addition

TITLE VP
NAME Scroggins, Rod
STREET ADDRESS 270 Needles Trail
CITY-ST-ZIP Longwood, FL 32779 ☒ Change ☐ Addition

TITLE S
NAME Carol Gentry
STREET ADDRESS 270 Needles Trail
CITY-ST-ZIP Longwood, FL 32779 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)