

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094163

1. Entity Name

WILLIAM SKAGGS BUILDER, INC.

Principal Place of Business

2806 HERMITAGE BLVD.  
VENICE FL 34292

Mailing Address

2806 HERMITAGE BLVD.  
VENICE FL 34292-1608

2. Principal Place of Business

VENICE FLA.

3. Mailing Address

2806 HERMITAGE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE FLA.

City & State

VENICE FLA.

Zip

34292

Country

SARASOTA

Zip

34292

Country

SARASOTA

6. Name and Address of Current Registered Agent

ROBERTS, GREGORY C  
341 VENICE AVENUE  
VENICE FL 34285

7. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SKAGGS, WILLIAM 2806 HERMITAGE BLVD. VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SKAGGS, DONNA L 2806 HERMITAGE BLVD. VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William P. Skaggs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

941-488-5214

Daytime Phone #

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90082 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0633297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required