

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061364

1. Entity Name

R. CRAIG SCOGGINS, INC.

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

05-09-2000 90022 023 \*\*\*150.00

Principal Place of Business

4900 SELBERG LANE  
 LAKE WORTH FL 33461-4337

Mailing Address

4900 SELBERG LANE  
 LAKE WORTH FL 33461-4337

2. Principal Place of Business

3. Mailing Address

7051 N.W. 167th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FANNING SPRINGS, FL

Zip

Country

Zip

Country

32693

LEVY

4. FEI Number

65-0852646

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

SCOGGINS, R C  
 4900 SELBERG LANE  
 LAKE WORTH FL 33461-4337

Name

R. C. Scoggins

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

7051 N.W. 167th Place

City

FANNING SPRINGS

FL

Zip Code

32693

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

*R. C. Scoggins*  
 Signature, typed or printed name of registered agent and title if applicable.

Pres R. CRAIG SCOGGINS PRES

4/26/00  
 DATE

(NOTE: Registered Agent signature required when re-stating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCOGGINS, R. CRAIG	
STREET ADDRESS	4900 SELBERG LANE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOGGINS, DIANE E	
STREET ADDRESS	4900 SELBERG LANE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352 463-2489