

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061364

1. Entity Name

R. CRAIG SCOGGINS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90388 025 ***150.00

Principal Place of Business

4900 SELBERG LANE
LAKE WORTH FL 33461-4337

Mailing Address

7051 NW 167TH PL
FANNING SPRINGS FL 32693

2. Principal Place of Business

3. Mailing Address

4900 SELBERG LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH FL

Zip

Country

Zip

Country

33461

PALE BEACH

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

SCOGGINS, R C
7051 NW 167 PL
FANNING SPRINGS FL 32693

7. Name and Address of New Registered Agent

Name

R. CRAIG SCOGGINS

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

4900 SELBERG LANE

City

LAKE WORTH

FL

Zip Code

33461

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

R. CRAIG SCOGGINS, PRES.

4/23/01

(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 SCOGGINS, R. CRAIG
STREET ADDRESS 4900 SELBERG LANE
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE V
NAME SCOGGINS, DIANE E
STREET ADDRESS 4900 SELBERG LANE
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

R. Craig Scoggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. CRAIG SCOGGINS, PRES.

Date

4/23/01 561-968-3229

Daytime Phone #

CR2E034 (10/00)

0473435