

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90370 008 ***150.00

DOCUMENT # P98000061364

1. Entity Name
R. CRAIG SCOGGINS, INC.

Principal Place of Business

**4900 SELBERG LANE
 LAKE WORTH FL 33461**

Mailing Address

**4900 SELBERG LANE
 LAKE WORTH FL 33461**

2. Principal Place of Business

3. Mailing Address

986 S.W. All AMERICAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm City, FL

4. FEI Number

65-0852646

Applied For

Not Applicable

Zip

Country

Zip

Country

34990

MARTIN

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**

Name

R. Craig Scoggins

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

986 S.W. All AMERICAN BLVD

City

Palm City

FL

Zip Code

34990

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Signature typed or printed name of registered agent and title if applicable.

R. CRAIG SCOGGINS Pres.

DATE

7/1/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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		
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	986 S.W. All AMERICAN BLVD	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	986 S.W. All AMERICAN BLVD	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

R. Craig Scoggins Pres. 7/1/02 722-219-0567
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
#P98000061364

**R. CRAIG SCOGGINS, INC.
986 SW ALL AMERICAN BLVD.
PALM CITY, FL 34490**

119366

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

July 1, 2002

To Whom it May Concern:

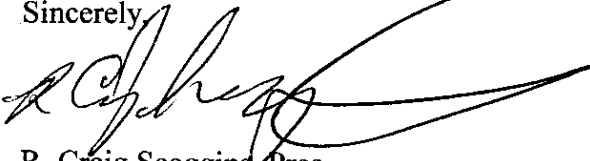
To day in the mail I received my Uniform Business report at the new Address of 986 SW All American Blvd. Saying that this was a 60 Day Notice and that I owed a 550.00.

I never received the original report. I had called the Division of Corporation about the address change in January. I should have received the original report but I did not. I find this surprising as all mail was to be forwarded to me at the new address, so no matter the address on this report I should have received it. I Never Did!

As you can tell in the past I have always paid on time. I am enclosing a check for \$150.00 to pay my filing fee.

After talking with an employee in your office I am under the understanding that this will handle this matter correctly. If there are any problems, please let my know. I do not want any problems with my corporation.

Sincerely,



R. Craig Scoggins, Pres.
R. Craig Scoggins, Inc.



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, Florida 32314



PRESORTED

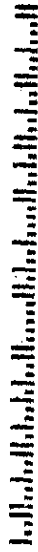
FIRST-CLASS MAIL

U.S. POSTAGE PAID

FLORIDA DIVISION OF CORPORATIONS

6327

TO: 0109276 AU **AUTO T8 1 1297 34990-381286



P98000061364

R. CRAIG SCOGGINS, INC.
986 SW ALL AMERICAN BLVD
PALM CITY FL 34990-3812

CORRECT
ADDRESS

NOTE:
ADDRESS
ON FORM

2nd Notice Came To This

ADDRESS. I NEVER RECEIVED

1st Notice It WAS NOT SENT

TO CORRECTED
ADDRESS?

attachment
P98000061364
119366