

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90247 036 \*\*\*150.00

**DOCUMENT # J97182**

**1. Entity Name**  
**THOMAS CARPENTRY, INC.**

**Principal Place of Business**  
 10878 WILES ROAD  
 CORAL SPRINGS FL 33076  
 US

**Mailing Address**  
 10878 WILES ROAD  
 CORAL SPRINGS FL 33076  
 US



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 59-2832047

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**

SCRASE, THOMAS W.  
 10878 WILES ROAD  
 CORAL SPRINGS FL 33076

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, 2002 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** PD ☐ Delete  
**NAME** SCRASE, THOMAS W.  
**STREET ADDRESS** 180 NE 20TH APT 301  
**CITY-ST-ZIP** DEERFIELD BEACH FL 33441

**TITLE** ☒ Change ☐ Addition  
**NAME** 2249 N.E. 24th ST.  
**STREET ADDRESS** Lighthouse Point, FL 33064  
**CITY-ST-ZIP**

**TITLE** VS ☐ Delete  
**NAME** STEVENS JR, EUGENE L  
**STREET ADDRESS** 33 CEDAR CIRCLE  
**CITY-ST-ZIP** BOYNTON BEACH FL

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

**TITLE** T ☐ Delete  
**NAME** ZIBBEL, CATHY  
**STREET ADDRESS** 9231 EMILY CIRCLE  
**CITY-ST-ZIP** LAKE WORTH FL 33467

**TITLE** ☒ Change ☐ Addition  
**NAME** 6911 PERDIDO BAY TER  
**STREET ADDRESS** LAKE WORTH, FL 33076  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**TITLE** ☐ Change ☐ 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:**

*Thomas W. Scrase*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 954 340-1999

Date

Daytime Phone #

CR2E034 (9/01)