

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056020

1. Entity Name

TWIN TOWERS CONSTRUCTION, INC.

Principal Place of Business

2021 WEST 1ST STREET  
STE. A  
FT. MYERS FL 33901

Mailing Address

2021 WEST 1ST STREET  
STE. A  
FT. MYERS FL 33990-1955

2. Principal Place of Business

2212 SE 15<sup>th</sup> Terrace

3. Mailing Address

2212 SE 15<sup>th</sup> Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33990

Country

USA

Zip

33990

Country

USA

4. FEI Number

65-0679905

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

SCROGGINS, JEROME G  
2021 WEST 1ST STREET  
STE. A  
FT. MYERS FL 33901

Name Jerome Scroggins

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

2212 SE 15<sup>th</sup> Terrace

City Cape Coral

FL

Zip Code 33990

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

*Jerome Scroggins*

Jerome Scroggins

1-12-00

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

(NOTE: Registered Agent signature required when replacing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME SCROGGINS, MICHAEL S  
STREET ADDRESS 2021 WEST 1ST STREET, STE. A  
CITY-ST-ZIP FT. MYERS FL 33901 ☐ Delete

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

TITLE P  
NAME SCROGGINS, JEROME G  
STREET ADDRESS 2021 WEST 1ST STREET, STE. A  
CITY-ST-ZIP FT. MYERS FL 33901 ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

*Jerome Scroggins*

1-12-00 941-633-5404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90175 047 \*\*\*150.00

603104



DO NOT WRITE IN THIS SPACE