

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**  
 01-19-2000 90183 016 \*\*\*150.00

**DOCUMENT # P98000027331**

1. Entity Name  
**FANTASY TRIM WORKS, INC.**

Principal Place of Business

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

Mailing Address

2021 WEST 1ST STREET  
 SUITE A  
 FT. MYERS FL 33901-3110

**603285**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2212 SE 15th Terrace**  
 Suite, Apt. #, etc.

3. Mailing Address

**2212 SE 15th Terrace**  
 Suite, Apt. #, etc.

City & State

**Cape Coral, FL**

Zip

**33990**

Country

**USA**

City & State

**Cape Coral, FL**

Zip

**33990**

Country

**USA**

4. FEI Number

**65-0822090**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**POZO, ZAEDY R ESQ.**  
**2655 LEJEUNE ROAD**  
**PENTHOUSE 1-D**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**Jerome Scroggins**

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

**2212 SE 15th Terrace**

City

**Cape Coral, FL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-12-00**

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

TITLE ☐ Delete  
 NAME **D SCROGGINS, MICHAEL**  
 STREET ADDRESS **2021 WEST 1ST STREET SUITE A**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 *Jerome Scroggins* **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)