

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90030 041 ***150.00

DOCUMENT # G 08287

1. Entity Name

JON THOMAS INC

Principal Place of Business

186 Towne Center Cir
SANford, FL 32771

Mailing Address

185 River Oaks Cir
SANford, FL 32771

00057660

2. Principal Place of Business

186 Towne Center Cir
SANford

3. Mailing Address

185 River Oaks Cir
SANford

DO NOT WRITE IN THIS SPACE

City & State

FL

City & State

FL

4. FEI Number

59-2245657

Applied For

Not Applicable

Zip

32771

Country

Seminole

Zip

32771

Country

Seminole

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

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!!!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres. JON THOMAS GUMINA
185 RIVER OAKS CIR
SANFORD, FL 32771

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. KATHY GUMINA
185 RIVER OAKS CIR
SANFORD, FL 32771

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

CR2E034 (1/1/00)