

5/30.

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90025 030 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033414

1. Entity Name

THE JON THOMAS GROUP, INC.

Principal Place of Business

Mailing Address

2029 VININGS CIRCLE, SUITE 404  
WELLINGTON FL 334142029 VININGS CIRCLE, SUITE 404  
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1010069

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

BUTTE, JOHN  
 2029 VININGS CIRCLE, STE. 404  
 WELLINGTON FL 33414

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.

(NOT 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 to Department of State

FEE IS \$150.00  
 Fee will be \$550.00  
 Fee 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 ☐ Delete  
 NAME President  
 STREET ADDRESS John Butte  
 CITY-ST-ZIP 2029 Vinings Circle # 404  
 Wellington, FL 33414

TITLE ☐ Delete  
 NAME Secretary  
 STREET ADDRESS John Butte  
 CITY-ST-ZIP 2029 Vinings Circle # 404  
 Wellington, FL 33414

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

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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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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)(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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John Butte, Pres.* John Butte 5/28/01 (561) 792-1352

CR2E034 (10/00)