

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90476 023 \*\*\*150.00

**DOCUMENT # P96000056180**

1. Entity Name  
**THOMAS'S TRANSMISSION SERVICES, INC.**

Principal Place of Business      Mailing Address  
**2705 HWY 44 W**                      **2705 HWY 44 W**  
**INVERNESS FL 34453**                **INVERNESS FL 34453**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

4. FEI Number **59-3390299**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ISABELLE, GARY G**  
**730 E LEMON AVE**  
**EUSTIS FL 32726**

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 \_\_\_\_\_ (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  Delete  
 NAME **P ISABELLA, THOMAS J**  
 STREET ADDRESS **9336 RED VALLEY CT**  
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE  Change  Addition  
 NAME **P ISABELLE, THOMAS J.**  
 STREET ADDRESS **9336 Red VALLEY CT**  
 CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE  Delete  
 NAME **V ISABELLA, GARY G**  
 STREET ADDRESS **730 E. LEMON AVE**  
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE  Change  Addition  
 NAME **V ISABELLE, GARY G.**  
 STREET ADDRESS **730 E. LEMON AVE**  
 CITY-ST-ZIP **EUSTIS, FL. 32726**

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  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 fee empowered.

SIGNATURE: Gary G. Isabelle      Date 4-8-02      Daytime Phone # 352-344-0911

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 CR2E034 (9/01)