2001 UNIFORM BUSINESS REPORT (UBR)

May 30, 2001 8:00 am Secretary of State DOCUMENT # P98000011175 1. Entity Name 05-30-2001 90025 031 ***150.00 JON THOMAS & COMPANY, INC. Principal Place of Business Mailing Address 2029 VINIINGS CIRCLE 2029 VINIINGS CIRCLE WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0845544 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOLZ, NAN B Street Address (P.O. Box Number is Not Acceptable) 5 HARVARD CIR, STE 100 WEST PALM BEACH FL 33409 City Zip Code Fl 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) FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2()1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Paya) le to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Change ☐ Addition TITLE Delete TITLE BUTTE, JOHN NAME NAME 2029 VININGS CIR #404 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33414** CITY-\$1-ZIP ☐ Change Addition Delete TITLE TITLE **BUTTE, JOHN** NAME NAME s Circle. STREET ADDRESS 11863 WIMBLEDON CIRCLE #518 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change THILE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify fir 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 in y 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 12 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE AND TYPED OR PRINTED NAM OF SIGNING OFFICE OR DIRECTOR

SIGNATURE:

Res. John Butte

Affachment Off 19800001175 ADOILUIS

JON THOMAS & COMPANY, INC.

May 21, 2001

Department of State Div. of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Document # P98000011175 Jon Thomas & Company Document # P00000033414 Jon Thomas Group, Inc.

Dear Sirs,

I respectfully request that you accept \$150.00 Fee for above-mentioned Uniform Business Reports filed after the deadline of May 1, 2001.

We are a small company and I am the only office personnel. Unfortunately I was ill and absent from the office for four weeks. During this time we had temporary help. The temporary secretary filed the reports away without taking any action or bringing them to the owner's attention.

Coming back to work today I noticed that the forms and filing fees had not been returned to the Department of State.

Attached are reports and checks for filing fee.

Sincerely,

JON THOMAS & COMPANY

Elke A. Bryan, Secretary

encl.