

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 15, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000068156**1. Entity Name  
JOHN THOMAS WOODWIND SERVICES, INC.

|   |   |
|---|---|
| Principal Place of Business<br>424-B, NORTHWEST 13TH STREET<br><br>GAINESVILLE FL 32601 | Mailing Address<br>424-B, NORTHWEST 13TH STREET<br><br>GAINESVILLE FL 32601 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>25 NW 91ST STREET | 3. Mailing Address<br>25 NW 91ST STREET |
|---|---|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DO NOT WRITE IN THIS SPACE

|                                |                                |
|--------------------------------|--------------------------------|
| City & State<br>GAINESVILLE FL | City & State<br>GAINESVILLE FL |
|--------------------------------|--------------------------------|

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>32607 | Country | Zip<br>32607 | Country |
|--------------|---------|--------------|---------|

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3526748 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**THOMAS JOHN  
4232 NW 75TH STREET  
  
GAINESVILLE FL 32606 US**7. Name and Address of New Registered Agent**Name  
THOMAS JOHN A  
Street Address (P.O. Box Number is Not Acceptable)  
25 NW 91ST STREET  
  
City  
GAINESVILLE FL Zip Code  
32607

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 **JOHN A THOMAS****02/15/2001**

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!!! FEE IS \$150.00**  
**After MAY 1, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THOMAS JANET S<br>4232 NW 75TH STREET<br>GAINESVILLE FL 32606 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THOMAS JOHN<br>4232 NW 75TH STREET<br>GAINESVILLE FL 32606 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THOMAS JANET S<br>25 NW 91ST STREET<br>GAINESVILLE FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THOMAS JOHN A<br>25 NW 91ST STREET<br>GAINESVILLE FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **Janet S Thomas**

VP

02/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)