

FILED
Jun 16, 2003 8:00 am
Secretary of State
05-05-2003 91899 020 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000052156

1. Entity Name

Robert Putnam Corporation



DO NOT WRITE IN THIS SPACE

55048688

2. Principal Place of Business
115 Seminole Lakes Drive

Suite, Apt. #, etc.

3. Mailing Address
115 Seminole Lakes Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Royal Palm Beach, FL

City & State
Royal Palm Beach, FL

4. FEI Number 65-1107893

Applied For
Not Applicable

Zip
33411

Country
USA

Zip
33411

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert Putnam

Street Address (P.O. Box Number is Not Acceptable)

115 Seminole Lakes Drive

City Royal Palm Beach, FL

Zip Code
33411

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Putnam

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

6-5-03

January 1 - May 14 Fee is \$150.00
After May 15 Fee is \$650.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P.S.T.D.	Robert Putnam	115 Seminole Lakes Drive	Royal Palm Beach, FL 33411
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Putnam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

Daytime Phone

CR2034B (12/02)