## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P02000069966

Mailing Address 4235 FLINTSHIRE WAY

1. Entity Name R.R. PUTNAM, INC.

Principal Place of Business

4235 FLINTSHIRE WAY



## **FILED** Sep 04, 2003 8:00 am Secretary of State

09-04-2003 90065 036 \*\*\*550.00

TITUSVILLE FL 32796		TITUSVILLE FL 32796						
2. Principal Place of Business		3. Mailing Address				#### ##### ##### ##### ##### ##### #####	IO GIISB OILI IOOI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. ECHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 04-3689901	<b>⊢</b> +	Applied For Not Applicable	
Zíp	Country	Zip	Country		5. Certificate of Status Desired	□ <b>\$8.75</b> A Fee Requi	dditional red	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
PUTNAM, RICHARD R 4235 FLINTSHIRE WAY				Name Street Address (P.O. Box Number is Not Acceptable)				
TITUSVILL	E FL 32796		City			<b>□</b>	de	
	- 9-					FL Zip Co		
	named entity submits this statement for ons of registered agent.	or the purpose of changing its	registered office o	r registered	1 agent, or both, in the State of Flo	orida. I am familiar with	n, and accept	
SIGIVATORE -	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signa	ture required wh	nen reinstating)	DATE		
FILE NOW!!! FEÉ IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State					Election Campaign Fin     Trust Fund Contribution	on. 🗆 Add	00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT PUTNAM, RICHARD R 4235 FLINTSHIRE WAY TITUSVILLE FL 32796	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice KATHER HR35	Tres. nine Potnam Flintshire Way ile, Fl. 32796	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2

321-383-0576