2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000004072 **DOCUMENT#**

1. Entity Name

PUTNAM BUILDERS, INC.



Apr 04, 2003 8:00 am Secretary of State
04-04-2003 90071 004 ***150.00

				·								
Principal Place of Business 6993 HIGHLAND PARK CIRCLE FORT MYERS FL 33912			Mailing Address 6993 HIGHLAND PARK CIRCLE FORT MYERS FL 33912					# ####################################				
2. Principal Place of Business				3. Mailing Address						.		
Suite, Apt.	#, etc.	······································	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	<u> </u>		City & State				4. F	4. FEI Number 65-0720621			oplied For ot Applicable	
Zip	Country				Country			Certificate of Status Desired		\$8.75 Add Fee Require	ditional d	
6. Name and Address of Current Registered Agent							7. N	lame and Address of New F	legistered A	gent		
			- '		·	Name					· · · ·	
PUTNAM, STEVEN G 6993 HIGHLAND PARK CIRCLE					}	Street Add	ress (P.O. Bo	ox Number is Not Acceptable	3)			
FORT MYERS FL 33912												
						City			FL	Zip Cod		
	named entity ions of regist		or the purp	oose of changing its	registered	d office or re	gistered age	ent, or both, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	plicable. (NOTE	: Registered	Agent signature r	required when rei	instating)	DATE	···		
After	May 1, 200	FEE IS \$150.00 Fee will be \$550.00						Election Campaign Fir Trust Fund Contribution			0 May Be	
Make Check	Payable to	Florida Department of	State									
10.	-,	OFFICERS AND	DIRECTO	DRS	11.		ADI	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE .	D			☐ Delete	TITLE					Change	Addition	
NAME		STEVEN G			NAME							
STREET ADDRESS		HLAND PARK CIRCLE			CITY-S	T ADDRESS						
	FURI MI	ERS FL 33912				SI-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 Block 11 if changed, or on an attachmen with an address, with all other like empowered.

SIGNATURE: