

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000103769**

1. Entity Name
PUTNAM LEASING COMPANY B, INC.



Principal Place of Business
**16313 N DALE MABRY HWY
TAMPA FL 33618**

Mailing Address
**PO BOX 272000
TAMPA FL 33688-2000**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **Country**

Zip **Country**

4. FEI Number **59-3481523** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MIDULLA, RICHARD J
16313 N DALE MABRY HWY
TAMPA FL 33618**

Name

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

City

FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee Is \$550.00
Make Check Payable to Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIDULLA, RICHARD J 16313 N DALE MABRY HWY TAMPA FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUREN, JAMES R 16313 N DALE MABRY HWY TAMPA FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, WILLIAM C 225 WEST WALKER DRIVE KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B GREEN, MAL 1640 W JEFFERSON QUINCY FL 32351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODBURY, TIMOTHY S 16313 N DALE MABRY HWY TAMPA FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEARER, STEVEN R 16313 N DALE MABRY HWY TAMPA FL 33618	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEERAERTS, JOHN J 16313 N DALE MABRY HWY TAMPA FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEERAERTS, JOHN W 16313 N DALE MABRY HWY TAMPA FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, WILSON 293 SOUTH US 301 SUMTERVILLE FL 33585	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: *John W. Geeraerts* **RE REQUIRED** **JOHN W. GEERAERTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:

4/28/03

(813)963-0994

Daytime Phone #

CR2E034 (10/02)

0473932
AV

Attachment
P97000103769
20039909

PUTNAM LEASING COMPANY B INC.
16313 N. DALE MABRY HIGHWAY
TAMPA, FLORIDA 33618

DOCUMENT#P97000103769

10. NAMES AND STREET ADDRESSES OF EACH OFFICER AND DIRECTOR (CONTINUED)

TITLE	NAMES OF OFFICERS AND DIRECTORS	STREET ADDRESS OF EACH OFFICER AND DIRECTOR	CITY, STATE, ZIP
D	JOHN DRAKE	1190 U.S.HIGHWAY 27 EAST	MOOREHAVEN, FL 33471
D	WILLIAM T. MULCAY JR.	US HIGHWAY 17 NORTH	WAUCHULA, FL 33873