

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90069 018 \*\*\*150.00

**DOCUMENT # P98000034368**

1. Entity Name

**PUTNAM COMMUNICATIONS SERVICES CORP.**

Principal Place of Business

**8413 LAUREL FAIRCIRCLE. BLDG 5. STE 100  
TAMPA FL 33610**

Mailing Address

**8413 LAUREL FAIRCIRCLE. BLDG 5. STE 100  
TAMPA FL 33610**

2. Principal Place of Business

**12712 US Hwy. 92**

3. Mailing Address

**12712 US Hwy. 92**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Dover, FL**

City & State

**Dover, FL**

4. FEI Number

**59-3507753**

Applied For

Not Applicable

Zip

**33527**

Country

**USA**

Zip

**33527**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, LAWRENCE W ESQUIRE  
701 U.S. HIGHWAY ONE, SUITE 402  
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name **John T. Putnam**

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

**1909 New Jersey Rd.**

City

**Lakeland**

FL

Zip Code

**33801**

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 T. Putnam*

**John T. Putnam**

**4/23/02**

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, 2002 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 **PSD** ☐ Delete  
NAME **PUTNAM, JOHN T**  
STREET ADDRESS **8413 LAUREL FAIR CIRCLE, BLDG 5, STE.100**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*John T. Putnam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02**

Date

**813-757-6833**

Daytime Phone #

CR2E034 (9/01)