

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

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90379 040 \*\*\*150.00

DOCUMENT # **P99000024317**

1. Entity Name  
ROBERT THOMAS SECURITIES, INC.

**DO NOT WRITE IN THIS SPACE**

**637310**

2. Principal Place of Business  
880 Carillon Parkway  
Suite, Apt. #, etc.

3. Mailing Address  
880 Carillon Parkway  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
St. Petersburg, FL

City & State  
St. Petersburg, FL

4. FEI Number  
59-3565499

Applied For  
Not Applicable

Zip  
33716

Country  
US

Zip  
33716

Country  
US

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  
Paul L. Matecki

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

St. Petersburg, FL 33716

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.

SIGNATURE

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Stephen J. Putnam  
880 Carillon Pkwy  
St. Petersburg, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
Jeffrey P. Julien  
880 Carillon Pkwy.  
St. Petersburg, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Grace Palsha  
880 Carillon Pkwy.  
St. Petersburg, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey P. Julien

APR 12 2002

Date

727-573-3800

Daytime Phone #

CR2E034B (12/01)