

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

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-29-2003 90053 001 ***450.00

DOCUMENT # **V57935**

1. Entity Name
SOUTH MANAGEMENT CORP.



Principal Place of Business
**147 DELTA DR
PITTSBURGH PA 15238**

Mailing Address
**147 DELTA DR
PITTSBURGH PA 15238**

55052678



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **25-1696738**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCLURE, ROBERT W
500 FIFTH AVE S
STE 509
NAPLES FL 34102**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida 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	ST HUBERT, DANIEL E. 147 DELTA DRIVE PITTSBURG PA <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	PD DELLIGATTI, TODD 147 DELTA DRIVE PITTSBURG PA 15238 <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	<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	<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	<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	<input 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: *[Signature]* **3/10/03** (412) 963-6550

CR2F034 (10/02)

Attachment

ANK	CHECK #	VENDOR	VENDOR NAME	STORE	INVOICE #	INV DATE	GROSS AMT	NET AMT	CHECK TOTAL
0100	5628	745255	ELEANOR B. DELLIGATTI	0320	MAY03	01/02/03	8,200.00	8,200.00	8,200.00
0100	5629	274450	FLORIDA DEPARTMENT OF STA	0300	SNC/2003	03/10/03	150.00	150.00	450.00
				0320	JRI/2003	03/10/03	150.00	150.00	
				0330	MJMD/2003	03/10/03	150.00	150.00	
0100	5630	122122	JOINT TAX COLLECTION AGEN	0120	1-03/MJD	03/31/03	111.37	111.37	414.43
				0260	1-03-MJD	03/31/03	303.06	303.06	
0100	5631	125000	JORDAN TAX SERVICE INC	0120	3-03/JAD	03/31/03	111.37	111.37	111.37
0100	5632	610580	PHC BANK	0120	4/03-120	04/23/03	1,992.94	1,992.94	5,460.42
				0190	4/03-190	04/23/03	2,005.51	2,005.51	
				0340	3/03-340	04/23/03	1,461.97	1,461.97	
0100	5633	711455	SHERRARD, GERMAN & KELLY,	0120	18M/3-03	04/11/03	250.00	250.00	3,426.30
				0190	18M-3-03	04/11/03	250.00	250.00	
				0240	3-03/18M	04/11/03	263.80	263.80	
				0260	2002/0260	01/02/03	1,000.00	1,000.00	
				0300	3-03/24M	04/11/03	69.40	69.40	
				0320	3-03/44M	04/11/03	69.40	69.40	
				0330	3-03/17M	04/11/03	70.20	70.20	
				0340	1M/3-03MED	04/16/03	806.00	806.00	
				0340	3-03/57M	04/11/03	647.50	647.50	
0100	5634	790000	TAX COLLECTOR	0190	2003/THSP	01/01/03	490.49	490.49	490.49
***							18,553.01	18,553.01	18,553.01
							18,553.01	18,553.01	18,553.01 ✓

55052678
#757935