

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

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90077 035 \*\*\*150.00

**DOCUMENT # P98000102094**

1. Entity Name  
**SOUTHERN DIVERSIFIED HOLDINGS, INC.**



Principal Place of Business  
**794 24TH AVE N.  
ST. PETERSBURG FL 33704**

Mailing Address  
**794 24TH AVE N.  
ST. PETERSBURG FL 33704**



2. Principal Place of Business  
**328 TALLAHASSEE DR. NE.**

3. Mailing Address  
**328 TALLAHASSEE DR. NE.**

Suite, Apt. #, etc.  
**ST. PETERSBURG FL**

Suite, Apt. #, etc.

City & State

City & State  
**ST. PETERSBURG FL**

4. FEI Number **59-3570785**

Applied For  
Not Applicable

Zip  
**33702**

Country  
**U.S.**

Zip  
**33702**

Country  
**U.S.**

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**PRUNKO, THOMAS  
794 24TH AVE N.  
ST. PETERSBURG FL 33704**

**7. Name and Address of New Registered Agent**

Name **PRUNKO, THOMAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**328 TALLAHASSEE DR. NE.**  
City **ST. PETERSBURG** FL Zip Code **33702**

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

(NOTE: Registered Agent signature required when reinstating)

**3/9/03**  
DATE

**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	<b>D</b> <b>PRUNKO, THOMAS</b> <b>794 24TH AVE N.</b> <b>ST. PETERSBURG FL 33704</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRUNKO, THOMAS</b> <b>328 TALLAHASSEE DR. NE.</b> <b>ST. PETERSBURG FL 33702</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 empowers.

SIGNATURE: *THOMAS PRUNKO* **THOMAS PRUNKO** **3/9/03** **(727)563-9354**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)