

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90245 044 ***150.00

DOCUMENT # P99000103723

1. Entity Name

BIG DADDY DIVERSIFIED, INC.



Principal Place of Business

**C/O JEFFREY PUSTILNIK
9043 TRADD ST
BOCA RATON FL 33434**

Mailing Address

**C/O JEFFREY PUSTILNIK
9043 TRADD ST
BOCA RATON FL 33434**

2. Principal Place of Business

15844 CORINTHA TERR

Suite, Apt. #, etc.

3. Mailing Address

15844 CORINTHA TERR

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33446

Country

PALM BEACH

Zip

33446

Country

PALM BEACH

4. FEI Number

65-0967655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PUSTILNIK, JEFFREY
9043 TRADD ST
BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name

JEFFREY PUSTILNIK

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

15844 CORINTHA TERR

City

DELRAY BEACH

FL

Zip Code

33446

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 of officer or director of registered agent and title if applicable.

JEFFREY PUSTILNIK

(NOTE: Registered Agent signature required when reinstating)

1/8/03
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
PUSTILNIK, JEFFREY
9093 TRADD ST
BOCA RATON FL 33434**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**15844 CORINTHA TERR
DELRAY BEACH, FL 33446**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

JEFFREY PUSTILNIK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03
Date

(561) 870-1080
Daytime Phone #

CR2E034 (10/02)