

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90049 023 ***150.00

DOCUMENT # K38817

1. Entity Name
WALTER G. LACKEY, M.S., P.A.



Principal Place of Business
% WALTER G. LACKEY
1215 SE 2 AVE. STE 101
FT. LAUDERDALE FL 33316
US

Mailing Address
% WALTER G. LACKEY
1215 SE 2 AVE. STE 101
FT. LAUDERDALE FL 33316
US



2. Principal Place of Business
702 S 6TH ST
Suite, Apt. #, etc.

3. Mailing Address
594 BIRCH CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FT PIERCE FL
Zip
34950 Country
USA

City & State
SEBASTIAN FL
Zip
32958 Country
USA

4. FEI Number **65-0075549** Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LACKEY, WALTER G.
1215 S.E. 2ND AVE., SUITE 101
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
WALTER G LACKEY
Street Address (P.O. Box Number is Not Acceptable)
594 BIRCH CT
City
SEBASTIAN FL Zip Code
32958

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 *Walter G. Lackey* (NOTE: Registered Agent signature required when reinstating) 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
P
NAME
LACKEY, WALTER G. ☒ Delete
STREET ADDRESS
1 LAS OLAS CIRCLE #306
CITY-ST-ZIP
FORT LAUDERDALE FL 33316

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
NAME
WALTER G LACKEY ☒ Change ☐ Addition
STREET ADDRESS
594 BIRCH CT
CITY-ST-ZIP
SEBASTIAN FL 32958

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

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

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

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

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

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: *Walter G. Lackey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-10-03 Daytime Phone # 772-581-3649

0346940 AV

CR2E034 (10/02)