

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

DOCUMENT # **K38817**

1. Entity Name

WALTER G. LACKY, M.S., P.A.



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

Mailing Address  
% WALTER G. LACKY  
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.

City & State

*FT PIERCE FL*

Zip

*34950*

Country

*USA*

Zip

*32958*

Country

*USA*

6. Name and Address of Current Registered Agent

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

Name

*WALTER G LACKY*

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. Lacky*

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*P*  
LACKY, WALTER G.  
1 LAS OLAS CIRCLE #306  
FORT LAUDERDALE FL 33316

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*P*  
WALTER G LACKY  
594 BIRCH CT  
SEBASTIAN FL 32958

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

*WALTER G LACKY*

*1-10-03*

*772-581-3049*

SIGNATURE:

*WALTER G LACKY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

01-14-2003 90049 023 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

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AV

CP2E034 (10/02)