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

## P02000064778 **DOCUMENT #**

1. Entity Name LAWRENCE P. BUCK, P. A.



## **FILED** Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90131 004 \*\*\*150.00

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Principal Place of Business 1914 NINETENNTH LN LAKE WORTH FL 33463		Mailing Address 1914 NINETENNTH LN LAKE WORTH FL 33463		<del>-</del>   		
					1811 1881	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FE Number Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Addition	plicable al	
	6. Name and Address of Curren	it Registered Agent		7. Name and Address of New Registered Agent		
GRAME	NZ, KAREN R		Name	The year to so their registered Agent		
7138 LAKE WORTH RD STE 102 L'AKE WORTH FL 33467			Street Addres	s (P.O. Box Number is Not Acceptable)		
\$100 kg	URIH FL 3346/					
			City	FL Zip Code		
8. The abov	e named entity submits this statement t	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and	occopt.	
the obliga	ations of registered agent.		•	or was a super state of Florida. Farmarilla, with, and	iccept	
SIGNATURE					{	
	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registered Agent signature requi	red when reinstating) DATE		
	FILE NOW!!! FEE(IS \$150.00 or May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 Ma		
Make Chec	k Payable to Florida Department of	of State		Trust Fund Contribution. Added to F	es es	
10.	, OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
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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 trustipe 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:

DOURED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR