


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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90210 001 ***150.00

DOCUMENT # P97000023644

1. Entity Name
LUCKE GROUP, INC.



Principal Place of Business
**4949 4TH STR. NORTH
SUITE A
ST. PETERSBURG FL 33703**

Mailing Address
**4949 4TH STR. NORTH
SUITE A
ST. PETERSBURG FL 33703**



2. Principal Place of Business
**408 33rd AVE. NORTH
SUITE A**

3. Mailing Address
**408 33rd AVE. NORTH
SUITE A**

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33704

Country
USA

Zip
33704

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3432775** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUCKE, GARY S
4949 4TH STR. NORTH
SUITE A
ST. PETERSBURG FL 33703**

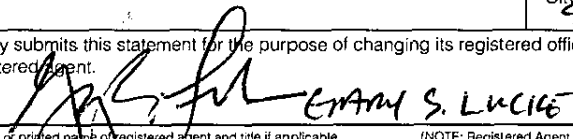
7. Name and Address of New Registered Agent

Name **GARY S. LUCKE (same)**

Street Address (P.O. Box Number is Not Acceptable)
**408 33rd AVE. NORTH
SUITE A**

City **ST. PETERSBURG** FL Zip Code **33704**

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  **GARY S. LUCKE** DATE **1/8/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPTS LUCKE, GARY S 4949 4TH STR. NORTH, STE A ST. PETERSBURG FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	unchanged unchanged 408 33rd AVE. NORTH, SUITE A ST. PETERSBURG, FL 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 empowered.

SIGNATURE:  **GARY S. LUCKE** DATE **1/8/03** DAYTIME PHONE # **727-525-4949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)