

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90222 035 ***158.75

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DOCUMENT # P97000069385

1. Entity Name
THE WALTER FEDY GROUP, INC.



Principal Place of Business
**101 WEST MAIN STREET
SUITE 221
LAKELAND FL 33815**

Mailing Address
**101 WEST MAIN STREET
SUITE 221
LAKELAND FL 33815**

11016066



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3475596**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUFT, DAVID PE
101 WEST MAIN STREET
SUITE 221
LAKELAND FL 33815**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
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	P	<input type="checkbox"/> Delete
NAME	LUFT, DAVID	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARSHMAN, MICHAEL	
STREET ADDRESS	546 BELMONT AVE W	
CITY-ST-ZIP	KITCHENER, ONT N2M 1N5	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COPE, ROBERT	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUFT, DAVID	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUFT, DAVID	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (863) 682-8498

Date Daytime Phone #

CR2E034 (10/02)