

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90290 028 ****50.00

DOCUMENT # L00000007867

1. Entity Name
LOOK SIGNS, LC

Principal Place of Business Mailing Address
1403 E. STATE ROAD 44 **P.O. BOX 1620**
WILDWOOD FL 34785 **LAKE PANASOFFKEE FL 33538**

906669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3656720** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOWLES, TIMOTHY A ESQ.
% HARLLEE, PORGES, HAMLIN, KNOWLES
1205 MANATEE AVE. WEST
BRADENTON FL 34205

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM LEE, ANDREW WAYNE 8414 COUNTY ROAD 221 WILDWOOD FL 34785	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM LEE, DRENAN C 7214 COUNTY ROAD 219 WILDWOOD FL 34785	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM BERUFF, CARLOS M 4832 78TH ST. EAST BRADENTON FL 34203	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM LEE, SHERILYN P.O. BOX 1620 LAKE PANASOFFKEE FL 33538	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM MILLER, VERNELL LEE 8029 SE 12TH COURT OCALA FL 34480	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **352-1419**
 1-902-748-~~511~~

CR2E083 (9/01)