

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90079 036 \*\*\*158.75

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**DOCUMENT # P96000072217**

1. Entity Name  
**LOOK UP REACH OUT ENTERPRISES, INC.**

Principal Place of Business  
**325 JULIA STREET  
 KEY WEST, FL 33040**

Mailing Address  
**325 JULIA STREET  
 KEY WEST FL 33040**



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 **65-0689600**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEED, AUWINA  
 629 CAROLINA STREET  
 KEY WEST FL 33040**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**PTD SAWYER, NORMA J**  
 STREET ADDRESS **325 1/2 JULIA STREET**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VSD MILLER, BRENDA J**  
 STREET ADDRESS **750 AVENUE "F"**  
 CITY-ST-ZIP **BIG COPPITT KEY FL 33040**

TITLE NAME  Change  Addition  
**VD IVAN SHORTER**  
 STREET ADDRESS **325 1/2 JULIA ST**  
 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
**SD ADRIAN POITIER**  
 STREET ADDRESS **1996 OVERSEAS HWY**  
 CITY-ST-ZIP **MARATHON, FL 33050**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
**D BRENDA MILLER**  
 STREET ADDRESS **95 N. JOHNSON RD**  
 CITY-ST-ZIP **SUGARLOAF KEY, FL 33042**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
**MD AUWINA WEED**  
 STREET ADDRESS **629 CAROLINE ST./P.O. BOX 826**  
 CITY-ST-ZIP **KEY WEST, FL 33041**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
**D THURLOW WEED**  
 STREET ADDRESS **1236-N SHERIDAN DR**  
 CITY-ST-ZIP **LANCASTER, OHIO 43130**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norma Jean Sawyer **NORMA JEAN SAWYER** 4/29/02 (305)304-6765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)