

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90359 020 ***158.75

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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



CHECK HERE IF MAKING CHANGES

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 NORMA J. SAWYER-ATANDA

Street Address (P.O. Box Number is Not Acceptable)
325 JULIA ST

City KEY WEST FL Zip Code 33040

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 *Norma J. Sawyer-Atanda*

DATE April 29, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PTD Change Addition
NAME NORMA JEAN SAWYER-ATANDA
STREET ADDRESS 325 JULIA ST
CITY-ST-ZIP KEY WEST, FL 33040

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

TITLE Change Addition
NAME
STREET ADDRESS 4040 PRESIDENTIAL BLVD. #2123
CITY-ST-ZIP PHILADELPHIA, PA 19131

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

TITLE SD Change Addition
NAME
STREET ADDRESS 629 CAROLINE ST. #3
CITY-ST-ZIP KEY WEST, FL 33040

TITLE D Delete
NAME MILLER, BRENDA
STREET ADDRESS 95 N JOHNSON RD
CITY-ST-ZIP SUMMERLAND KEY FL 33042

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

TITLE MD Delete
NAME WEED, AUWINA
STREET ADDRESS 629 CAROLINE ST
CITY-ST-ZIP KEY WEST FL 33041

TITLE DIRECTOR Change Addition
NAME
STREET ADDRESS

TITLE D Delete
NAME WEED, THURLOW
STREET ADDRESS 1236-H SHERIDAN DR
CITY-ST-ZIP LANCASTER OH 43130

TITLE MD Change Addition
NAME SARAH E. MCKINNEY
STREET ADDRESS 1024 THOMAS ST
CITY-ST-ZIP KEY WEST, FL 33040

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: *Norma J. Sawyer-Atanda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE April 29, 2003 (305) 304-6765
DATE DAYTIME PHONE #

CR2E034 (10/02)