

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90194 006 \*\*\*150.00

DOCUMENT # **P97000042820**  
1. Entity Name  
**LOOKS GOOD, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1207 N. Franklin St.**  
Suite. Apt. #, etc.

3. Mailing Address  
**P.O. Box 173301**  
Suite. Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

City & State  
**Tampa, FL 33602**

City & State  
**Tampa, FL**

4. FEI Number  
**59-2110961**

Applied For  
Not Applicable

Zip  
**33602**

Country

Zip  
**33602**

Country

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Brenda L. Fernandez**

Street Address (P.O. Box Number is Not Acceptable)  
**1207 N. Franklin St.**

City  
**Tampa** **FL** Zip Code  
**33602**

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 re-registering)

DATE: \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVPD Brenda L. Fernandez 1207 N. Franklin St. Tampa, FL 33602</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: *Brenda L. Fernandez* **4-24-02** **2486111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)