

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 644908

1. Entity Name  
LOOKDOWN, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90243 032 \*\*\*150.00

Principal Place of Business

214 CHANNEL CT  
ROCKLEDGE FL 32955  
US

Mailing Address

214 CHANNEL CT  
ROCKLEDGE FL 32955  
US

2. Principal Place of Business

3700 Leghorn Rd.

3. Mailing Address

3700 Leghorn Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Malabar FL

City & State

Malabar FL

4. FEI Number 59-1962840

Applied For

Not Applicable

Zip

32950

Country

USA

Zip

32950

Country

USA

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

WIRS, E.J.  
214 CHANNEL CT  
ROCKLEDGE FL 32955

Name

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

3700 Leghorn Rd.

City

Malabar

FL

Zip Code

32950

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PD ☐ Delete  
NAME WIRS, E.J.  
STREET ADDRESS 214 CHANNEL CT  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3700 Leghorn Rd.  
CITY-ST-ZIP Malabar, FL 32950

TITLE STD ☐ Delete  
NAME WIRS, NANCY M  
STREET ADDRESS 214 CHANNEL CT  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3700 Leghorn Rd.  
CITY-ST-ZIP Malabar, FL 32950

TITLE VD ☐ Delete  
NAME WIRS, JEFFREY D  
STREET ADDRESS 3005 MINNESOTA PL  
CITY-ST-ZIP LOVELAND CO 80538

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1528 NW 111 AVE.  
CITY-ST-ZIP Coral Springs, FL 33071

TITLE VD ☐ Delete  
NAME WIRS, WAYNE  
STREET ADDRESS PO BOX 4444 (4110 NW 1 DR)  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Nancy M. Wirs*, ST NANCY M. WIRS

18 April 2001

(321) 722-2707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)