

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90029 017 ****70.00

0013116

DOCUMENT # N96000006452

1. Entity Name
NEW OUTLOOK II, INC.

Principal Place of Business 1241 BLUEHILL DRIVE NORTH JACKSONVILLE FL 32218	Mailing Address P.O. BOX 19189 JACKSONVILLE 32245-9189
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3421096		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent
**SIKORA, GREGORY J
 900 UNIVERSITY BLVD. NORTH
 SUITE 700
 JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent
 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)

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GREGORY, E C 11434 YELLOW TAIL COURT JACKSONVILLE FL 32218 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC FLAGG, EUGENE 4271 MCDANIEL DRIVE JACKSONVILLE FL 32209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LECLERC, DONALD 236 HOLLY CT JACKSONVILLE FL 32218 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEWIS, CHARLES W 5307 FLEET LANDING BOULEVARD JACKSONVILLE FL 32233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMMERS, ROBERT 900 UNIVERSITY BLVD N JACKSONVILLE FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAMES 6865 TAMRA LANE JACKSONVILLE FL 32216 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Gregory, E. C. Hidden Hills Country Club 12874 Dunes Court, Jacksonville, Fl. 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Lewis, Charles W. 5307 Fleet Landing Blvd. Atlantic Beach, FL 32233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Gregory J. Sikora, President/Executive Director *Gregory J. Sikora* (904) 743-1883
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1-31-01** Daytime Phone #

CR2E037 (10/00)