

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90438 001 *****8.75
 02-25-2002 90438 002 ***150.00

DOCUMENT # P99000055739

1. Entity Name

LOOKOUT YBOR, INC.

Principal Place of Business

**8894 N. 56TH ST.
 TAMPA FL 33617**

Mailing Address

**8894 N. 56TH ST.
 TAMPA FL 33617**

2. Principal Place of Business

5112 E. FOWLER AVE.

3. Mailing Address

5112 E. FOWLER AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33617

Country

Zip

33617

Country

4. FEI Number

59-3591985

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HARTMAN, PETER J
 8894 N. 56TH ST.
 TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name **STEVEN S. RUSSELL**

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

5112 E. FOWLER AVE

City

TAMPA, FL

FL

Zip Code **33617**

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

Steven S. Russell

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-02

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTMAN, PETER J	
STREET ADDRESS	8894 N. 56TH ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATTS, JOHN E	
STREET ADDRESS	8894 N. 56TH ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAWSON, ROBERT	
STREET ADDRESS	8894 N. 56TH ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINTER, LEE W	
STREET ADDRESS	8894 N. 56TH ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHRISS, DAVID	
STREET ADDRESS	8894 N. 56TH ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOWNSEND, JACK T SR.	
STREET ADDRESS	8894 N. 56TH ST.	
CITY-ST-ZIP	TAMPA FL 33617	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN S. RUSSELL	
STREET ADDRESS	5112 E. FOWLER AVE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Steven S. Russell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02

Date

Daytime Phone #

**(813)
 248-4909**

CR2E034 (9/01)