


FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90033 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

| | |
|--|---|
| DOCUMENT # P99000055739 |  |
| 1. Entity Name Lookout Ybor, Inc | |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business Copper Top Pub | 3. Mailing Address 5112 E. Fowler Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|----------------------------------|---|--|
| City & State Tampa, FL | City & State Tampa, FL | 4. FEI Number 59-359 1985 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33617 | Country Hillsborough | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

| | |
|--|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name Steven S. Russell | |
| Street Address (P.O. Box Number is Not Acceptable) 5112 E. Fowler Ave. | |
| City Tampa | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | President Steven S. Russell 5112 E. Fowler Ave. Tampa, FL 33617 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-30-03

Date

(813) 748-4909

Daytime Phone

CR2E034B (12/02)