2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000104988** Feb 14, 2000 8:00 am 1. Entity Name **Secretary of State** LOOK-E-COM, INC. 02-14-2000 90053 007 ***150.00 Principal Place of Business Mailing Address 571-T HAVERTY COURT 571-T HAVERTY COURT ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent athan COLEMAN, CHRISTOPHER J ESQ. Street Address (P.O. Box Number is Not Acceptable) 1329 BEDFORD DR., STE.1 **MELBOURNE FL 32940** taverty. **፟**ጞ፝ጟ፞፞፞፞፝ጘ፟፟፟55 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** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) President **X** Addition Change ☐ Delete TITLE Scott Carullo NAME 571-T Haverty Court STREET ADDRESS STREET ADDRESS Rockledge, FL 32955 CITY-ST-7IP CITY-ST-ZIP Secretary / Treasurer Addition Change ☐ Delete TITLE TITLE Nathan A. Harris NAME STREET ADDRESS 571-T Haverby Court STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ⊂ Change Addition Delete TITLÉ TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Vathan A. Harris

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: