

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90135 019 \*\*\*150.00

**DOCUMENT # P99000104988**

1. Entity Name  
**LOOK-E.COM, INC.**

Principal Place of Business  
**571-T HAVERTY COURT**  
**ROCKLEDGE FL 32955**

Mailing Address  
**571-T HAVERTY COURT**  
**ROCKLEDGE FL 32955**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**2311 Stonebridge Dr.**  
 Suite, Apt. #, etc.

City & State  
**Rockledge**

Zip  
~~32955~~ **32955**

4. FEI Number **59-3611889** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HARRIS, NATHAN A**  
**571-T HAVERTY CT**  
**ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent  
 Name **Harris, Nathan A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2311 Stonebridge Drive**  
 City **Rockledge** **FL** Zip Code **32955**

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 \_\_\_\_\_ (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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CARULLO, SCOTT</b>	
STREET ADDRESS	<b>571-T HAVERTY CT</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GARRIS, NATHAN A</b>	
STREET ADDRESS	<b>571-T HAVERTY CT</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Harris, Nathan A</b>	
STREET ADDRESS	<b>2311 Stonebridge Drive</b>	
CITY-ST-ZIP	<b>Rockledge, FL 32955</b>	
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: **Nathan A. Harris** **Nathan A. Harris** Date **3/4/2001** Daytime Phone # **321-638-4567**

CR2E034 (10/00)