

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91237 036 ***150.00

DOCUMENT # **P 99000 104988**
1. Entity Name

Look-e.com, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
953 SABAL GROVE DR.
Suite, Apt. #, etc.

3. Mailing Address
953 SABAL GROVE DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Rockledge FL

City & State
Rockledge FL

Zip
32955

Country
USA

Zip
32955

Country
USA

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**

7. Name and Address of Current Registered Agent

Name
Scott A. CARULLO

Street Address (P.O. Box Number is Not Acceptable)
953 SABAL GROVE DR.

City
Rockledge

State
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 **Scott A. Carullo** DATE **4-30-02**
(Signature, typed or printed name of registered agent and title if applicable) (Typed Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) **January 1 - May 1, Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	P, T, S, D SCOTT A. CARULLO 953 SABAL GROVE DR. Rockledge, FL 32955	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Scott A. Carullo** **Scott A. CARULLO, Pres.** DATE **4-30-02** DAYTIME PHONE # **321-632-1924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034B (12/01)