

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90196 032 ****61.25

DOCUMENT # N96000006111

1. Entity Name

LOOK AT ME GROW, INC.

Principal Place of Business

Mailing Address

**8622 HARE AVENUE
 JACKSONVILLE FL 32211**

**8622 HARE AVENUE
 JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3412890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARD, ELIZABETH
 8622 HARE AVENUE
 JACKSONVILLE FL 32211**

Name

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

City

FL

Zip Code

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

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME WARD, ELIZABETH B
 STREET ADDRESS 8622 HARE AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME WARD, AVERIL
 STREET ADDRESS 8622 HARE AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME BELL, CAROLYN
 STREET ADDRESS 763 WEST 7TH AVENUE
 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Ward **WARD**

9/18/02

(904) 221-3592

CR2E037 (4/02)

Attachment

873517
N96000006111

To Whom It May Concern:

I am sending my UBR form late past the due date due to being hospitalized for major surgery. Although I was hospitalized on the 27th of August and discharged on the 30th of August I was under heavy medication.

I apologize for not sending it in prior to surgery even though ^{surgery} was a last minute emergency. Please except for an extension for me from not being prompt.

Regards

Elizabeth Ward
(904) 721-3592