

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State

06-25-2001 90041 006 ****61.25

DOCUMENT # N98000007288

1. Entity Name
LOOK UP AND LIVE, INC.

A0074645



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 25 E 59TH STREET JACKSONVILLE FL 32208
 Mailing Address: 25 E 59TH STREET JACKSONVILLE FL 32208

2. Principal Place of Business: 10901 N Main Street
 3. Mailing Address: 10901 N Main Street

City & State: Jacksonville FL
 Zip: 32208 Country: USA

4. FEI Number: 59-3547407
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
COLLINS, TRACY L
10696-14 LEM TURNER RD.
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent
 Name: **Tracy L. Collins**
 Street Address (P.O. Box Number is Not Acceptable): **25 E. 59th Street**
 City: **Jacksonville** FL Zip Code: **32208**

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: *Tracy Collins* DATE: **6/19/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT LEWIS, CANDACE 11028 LYDIA ESTATES DR W JACKSONVILLE FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RANDLE, RAYMOND 3512 SLEEPING FAWN KNOLL DECATUR GA 30034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, TRACY 10696 LEM TURNER RD JACKSONVILLE FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT COLLINS, JACKIE 8833 OLD KINGS RD S 607 JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE: *Tracy Collins* **REQUIRED** DATE: **6/19/01** **904-766-4663**

CR2E037 (10/00)