

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007288

1. Entity Name

LOOK UP AND LIVE, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90198 039 ****61.25

0068733

Principal Place of Business

Mailing Address

6901 N AMIN STREET
 JACKSONVILLE FL 32208

6901 N AMIN STREET
 JACKSONVILLE FL 32208

2. Principal Place of Business

10696-14 Lem Turner Rd
 Suite, Apt. #, etc.

3. Mailing Address

2255 Braeswood Pk. Dr.
 Suite, Apt. #, etc.
 # 225



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Houston, TX

4. FEI Number

59-3547407

Applied For

Not Applicable

Zip

32218

Country

US

Zip

77030

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, TRACY L
 25 E 59TH STREET
 JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name: Collins, Tracy L
 Street Address (P.O. Box Number is Not Acceptable): 10696-14 Lem Turner Rd
 City: Jacksonville FL Zip Code: 32218

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 L. Collins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CFOT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Collins, Jackie	
CITY-ST-ZIP	2255 Braeswood Pk. Dr. #225 Houston, TX 77030	
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		

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:

Tracy L. Collins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/02
 Date

Daytime Phone #

CR2E037 (9/01)