

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90167 010 ****61.25

DOCUMENT # N98000007288

1. Entity Name
LOOK UP AND LIVE, INC.

Principal Place of Business
**10696-14 LEM TURNER RD
JACKSONVILLE FL 32218**

Mailing Address
**2255 BRAESWOOD PK DR
#225
HOUSTON TX 77030**

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

3. Mailing Address
5743 Coastal Way
Suite, Apt. #, etc.

City & State
Houston TX

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

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

Zip Country
77085 US



CHECK HERE IF MAKING CHANGES

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT LEWIS, CANDACE 11028 LYDIA ESTATES DR W JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RANDLE, RAYMOND 3512 SLEEPING FAWN KNOLL DECATUR GA 30034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, TRACY 10696 LEM TURNER RD JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CFOT Collins, Jackie 5743 Coastal Way Houston, TX 77085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT COLLINS, JACKIE 2255 BRAESWOOD PK DR #225 HOUSTON TX 77030 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 like empowered.

SIGNATURE: Tracy L Collins **TRACY L COLLINS** **5/3/03** **713-721-9589**

CR2E037 (10/02)