

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90048 019 \*\*\*\*61.25

**DOCUMENT # 740025**

1. Entity Name

**LOOK AND LIVE, INC.**

Principal Place of Business

124 WEST ASHLEY ST  
 JACKSONVILLE FL 32202

Mailing Address

124 WEST ASHLEY ST  
 JACKSONVILLE FL 32202-3104

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1762209**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SWAIN, WILLIAM R.**  
**2 PRUDENTIAL PLAZA**  
**SUITE 1710**  
**JACKSONVILLE FL 32207**

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.

SIGNATURE

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	PD	<input type="checkbox"/> Delete
NAME	WHITTAKER, E. H.	
STREET ADDRESS	1300 S. FIRST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOUND, A.C.	
STREET ADDRESS	3738 RIVER HALL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWAIN, W.R.	
STREET ADDRESS	3713 TIMUCUA TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32277-2251	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLOUNT, JOHN O.	
STREET ADDRESS	6264 RIVIERA LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32216-2532	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	← ZIP CODE 32250	
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		
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:

*Signature of John O. Blount*

JOHN O. BLOUNT 2/9/00 (904) 366-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)