

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

59-1762209

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME WHITTAKER, E. H.  
STREET ADDRESS 1300 S. FIRST STREET  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

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

TITLE VD  
NAME SOUD, A.C.  
STREET ADDRESS 3738 RIVER HALL DR  
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

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

TITLE SD  
NAME SWAIN, W.R.  
STREET ADDRESS 3713 TIMUCUA TRAIL  
CITY-ST-ZIP JACKSONVILLE FL 32277-2251 ☐ Delete

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

TITLE TD  
NAME BLOUNT, JOHN O.  
STREET ADDRESS 6284 RIVIERA LANE  
CITY-ST-ZIP JACKSONVILLE FL 32216-2532 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

*John O. Blount*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John O. Blount 2/28/02 (904) 366-1221

Date

Daytime Phone #

FILED  
Mar 20, 2002 8:00 am  
Secretary of State

03-20-2002 90044 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)