


03-17-2003 91079 021 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 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 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				
6. Name and Address of Current Registered Agent				5. \$8.75 Additional Fee Required
SWAN, WILLIAM R. 2 PRUDENTIAL PLAZA SUITE 1710 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent		
Name		Name		
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____				
<small>Signature is typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent's signature required when electing)</small>				
FILE NOW FREE 15 581-25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, E. H.		NAME	
STREET ADDRESS	1300 S. FIRST STREET		STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE BEACH, FL 32260		CITY-STATE-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOU, A.C.		NAME	
STREET ADDRESS	3739 RIVER HALL DR		STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 32217		CITY-STATE-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, W.R.		NAME	
STREET ADDRESS	3713 TIMUCUA TRAIL		STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 322772261		CITY-STATE-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, JOHN O.		NAME	
STREET ADDRESS	6264 RIVIERA LANE		STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 322162632		CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.				
SIGNATURE: <i>John O. Blount</i>		John O. Blount		
DATE: 3/12/03		(904) 366-1221		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

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CHECK HERE IF MAKING CHANGES

DPRE037 (1/00)2