


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

<b>DOCUMENT # 740025</b>				
1. Entity Name <b>LOOK AND LIVE, INC.</b>				
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 <b>59-1762209</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
SWAN, 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature is typed or printed name of registered agent and not if applicable. (NOTE: Registered Agent's signed document when submitting)</small>				
<b>FILE NOW FREE 15 981-25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
<small>Make Check Payable to Florida Department of State</small>				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)
TITLE	PD WHITTAKER, E. H. 1300 S. FIRST STREET JACKSONVILLE BEACH, FL 32260	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD SOU, A.C. 3739 RIVER HALL DR JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SD SWAIN, W.R. 3713 TIMUCUA TRAIL JACKSONVILLE, FL 322772261	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	TD BLOUNT, JOHN O. 6264 RIVIERA LANE JACKSONVILLE, FL 322162632	<input type="checkbox"/> Delete	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<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)(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      3/12/03      (904) 366-1221		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date      Daytime Phone #</small>		

90053630



CHECK HERE IF MAKING CHANGES

DPRE037 (1/00)2