

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 22, 2000 8:00 am**  
**Secretary of State**

06-22-2000 90002 043 \*\*\*\*61.25

**DOCUMENT # N96000006111**

1. Entity Name

**LOOK AT ME GROW, INC.**

**(R)**

Principal Place of Business

Mailing Address

**8622 HARE AVENUE  
 JACKSONVILLE FL 32211**

**8622 HARE AVENUE  
 JACKSONVILLE FL 32211-9642**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3412890**

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

7. Name and Address of New Registered Agent

**WARD, ELIZABETH  
 8622 HARE AVENUE  
 JACKSONVILLE FL 32211**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WARD, ELIZABETH B	8622 HARE AVENUE	JACKSONVILLE FL 32211	<input type="checkbox"/>
TD	WARD, AVERIL	8622 HARE AVENUE	JACKSONVILLE FL 32211	<input type="checkbox"/>
SD	BELL, CAROLYN	763 WEST 7TH AVENUE	TALLAHASSEE FL 32303	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Elizabeth B Ward**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/00  
 Date

904/721-3592  
 Daytime Phone #

CF 11637 (01/99)