2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State
06-25-2001 90041 006 ****61.25

A00074645

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000007288

1. Entity Name
LOOK UP AND LIVE, INC.

Principal Place of Business	Mailing Address
25 E 59TH STREET JACKSONVILLE FL 32208	25 E 59TH STREET JACKSONVILLE FL 32208

2. Principal Place of Business	3. Mailing Address
6901 N Main Street	6901 N Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32208 Country: USA	Zip: 32208 Country: USA

4. FEI Number 59-3547407 — 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
COLLINS, TRACY L 10696-14 LEM TURNER RD. JACKSONVILLE FL 32218	Name: Tracy L. Collins Street Address (P.O. Box Number is Not Acceptable): 25 E. 59th Street City: Jacksonville FL Zip Code: 32208

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: Tracy Collins — 6/19/01
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: TT NAME: LEWIS, CANDACE STREET ADDRESS: 11028 LYDIA ESTATES DR W CITY-ST-ZIP: JACKSONVILLE FL 32218	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VPT NAME: RANDLE, RAYMOND STREET ADDRESS: 3512 SLEEPING FAWN KNOLL CITY-ST-ZIP: DECATUR GA 30034	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☑ Addition
TITLE: PD NAME: COLLINS, TRACY STREET ADDRESS: 10696 LEM TURNER RD CITY-ST-ZIP: JACKSONVILLE FL 32218	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☑ Addition
TITLE: CFOT NAME: COLLINS, JACKIE STREET ADDRESS: 8833 OLD KINGS RD S 607 CITY-ST-ZIP: JACKSONVILLE FL 32257	☐ 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
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CR2E037 (10/00)

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: Tracy Collins — SIGNATURE REQUIRED — 6/19/01 — 904-766-4663