

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007288

1. Entity Name

LOOK UP AND LIVE, INC.

FILED**Aug 25, 2002 8:00 am**
Secretary of State

08-25-2002 90198 039 ****61.25

0063733

Principal Place of Business

6901 N AMIN STREET
JACKSONVILLE FL 32208

Mailing Address

6901 N AMIN STREET
JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10696-14 Lem Turner Rd
Suite, Apt. #, etc.

3. Mailing Address

2255 Braeswood Pk. Dr.
Suite, Apt. #, etc.
225

City & State

Jacksonville, FL

City & State

Houston, TX

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

COLLINS, TRACY L
25 E 59TH STREET
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name Collins, Tracy L

Street Address (P.O. Box Number is Not Acceptable)
10696-14 Lem Turner Rd

City Jacksonville

FL

Zip Code 32218

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 L. Collins

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE TT
NAME LEWIS, CANDACE
STREET ADDRESS 11028 LYDIA ESTATES DR W
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ DeleteTITLE VPT
NAME RANDLE, RAYMOND
STREET ADDRESS 3512 SLEEPING FAWN KNOLL
CITY-ST-ZIP DECATUR GA 30034 ☐ DeleteTITLE PD
NAME COLLINS, TRACY
STREET ADDRESS 10696 LEM TURNER RD
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ DeleteTITLE CFOT
NAME COLLINS, JACKIE
STREET ADDRESS 8833 OLD KINGS RD S 607
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE CFOT
NAME Collins, Jackie
STREET ADDRESS 2255 Braeswood Pk. Dr. #225
CITY-ST-ZIP Houston, TX 77030 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)