

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90167 010 ****61.25

DOCUMENT # N98000007288

1. Entity Name

LOOK UP AND LIVE, INC.



Principal Place of Business

**10696-14 LEM TURNER RD
JACKSONVILLE FL 32218**

Mailing Address

**2255 BRAESWOOD PK DR
#225
HOUSTON TX 77030**

2. Principal Place of Business

3. Mailing Address

5743 Coastal Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Houston TX

Zip

Country

Zip

Country

77085

US

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TT** ☐ Delete
NAME **LEWIS, CANDACE**
STREET ADDRESS **11028 LYDIA ESTATES DR W**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** ☐ Delete
NAME **RANDLE, RAYMOND**
STREET ADDRESS **3512 SLEEPING FAWN KNOLL**
CITY-ST-ZIP **DECATUR GA 30034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **COLLINS, TRACY**
STREET ADDRESS **10696 LEM TURNER RD**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☒ Change ☐ Addition
NAME **CFOT Jackie**
STREET ADDRESS **5743 Coastal Way**
CITY-ST-ZIP **Houston, TX 77085**

TITLE **CFOT** ☐ Delete
NAME **COLLINS, JACKIE**
STREET ADDRESS **2255 BRAESWOOD PK DR #225**
CITY-ST-ZIP **HOUSTON TX 77030**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

5/3/03 713-721-9589

CR2E037 (10/02)