

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005999

1. Entity Name

LIFT UP YOUR EYES, INC.

Principal Place of Business

9497 VALERIE STREET
JACKSONVILLE FL 32208

Mailing Address

9497 VALERIE STREET
JACKSONVILLE FL 32208-1230

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

94-1687665

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADKISON, DERYLE
8964 OLD PLANK ROAD
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

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

Deryle Adkison

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 13, 2000

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

TITLE D ☐ Delete
NAME CLOUTIER, GILBERT
STREET ADDRESS 5110 E. JANICE CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D ☐ Delete
NAME LUCAS, SCOTT
STREET ADDRESS 4335 DAZET COURT
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ Delete
NAME CLEMENTS, EDWIN O
STREET ADDRESS 10340 SHADY CREST LANE
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE D ☐ Delete
NAME RAMIREZ, ABDI
STREET ADDRESS 8174 DEVOE STREET
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE D ☐ Delete
NAME RAMIREZ, MARISOL
STREET ADDRESS 8174 DEVOE STREET
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE D ☐ Delete
NAME STARK, ROGER B
STREET ADDRESS 4232 GARIBALDI AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32210

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Founder/Director ☐ Change ☒ Addition
NAME John J Faison
STREET ADDRESS 9497 Valerie St
CITY-ST-ZIP 2nd FL 32208

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

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

TITLE ☐ Change ☐ Addition
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: *John J Faison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000

Date

904 612 0925

Daytime Phone #

CR25037/0000